617.6051

An independent national publication for dentists NOVEMBER 1961 Night View of Statue of Liberty, New York Harbor

(See page 44).

In this issue: TIME AND MOTION STUDIES IN THE DENTAL OFFICE

FOR SATISFACTORY ANESTHESIA IN ALL PROCEDURES CHOOSE CARBOCAINE MC WITH CONFIDENCE

Now, with two solutions on hand, you have a choice of preparations to serve all the anesthetic needs of daily practice.

For rapid acting, 1-2 well tolerated 1-5 anesthesia of comparatively BRIEF DURATION 6—as in high-speed restorative procedures... simple extractions... children's dentistry ... and whenever vasoconstricting agents are contraindicated—choose new CARBOCAINE 3% without vasoconstrictor.

For satisfactory⁴ anesthesia of LONGER DURATION, well tolerated, with a wide margin of safety³⁻⁷—as in oral and periodontal surgery . . . quadrant dentistry . . . pulp canal work — CARBOCAINE 2% with Neo-Cobefrin® is the anesthetic of wide professional acceptance.

<u>Choose CARBOCAINE</u> in any case . . . <u>use CARBOCAINE</u> with the full assurance you are using an anesthetic that meets the highest standards of efficiency and performance.

References: 1. Berling, C. Carbocaine in local anaesthesia in the oral cavity. Odont. Revy. 9:254-1958.

2. Feldmann, G., and Nordenram, A. The anaesthetic effect of Carbocaine and lidocaine. Svenska Tandirather, C.233, 1959.

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1. Section of the Carbocaine of the Carbocaine of the Carbocaine of the Carbocaine. Rev York State D. J. (to be published). 5. Wessman, T. A private practitioner's user of a local anesthetic without a vascoonstrictor. Sveng: Tandisk. Forb. Tidn. No. 3 1959.

6. Schwarzkopf, H. A further advance within the field of odontological local anesthesia. Deutsche Zahnarreb. No. 21 1959. 7. Ross. N. and Dobbs. E. C. A preliminary study on Carbocaine. JA-D.S. A. 7 A No. 1960.





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CARBOCAINE (BRAND OF MEPIVACAINE) AND NEO-COBEFRIN (BRAND OF LEVO-NORDEFRIN) ARE THE TRADEMARKS (RED. U.S. PAT. OFF.) OF STERLING DRUG ING-

Smoother, non-narcotic analgesia... AFTER EXTRACTION

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If you aren't receiving your Anacin dispenser with samples—please write.

WHITEHALL LABORATORIES, NEW YORK, N.Y.

IDEA FOR PREVENTIVE CARE Second in a series of ideas gathered



Posters are available to the profession from the American Dental Association, Bureau of Dental Health Education, Dept. II, 222 East Superior Street, Chicago

SH 🛮 EAT 🖺 BRUSH

"You've got to show parents how to reach their children good dental habits," a dentist told us recently, "For example, I point out that it's just as easy, and just is important, to teach kids to brush their teeth after meals as it is to wash their hands before they eat. It is the sort of thing that soon can become an ingrained habit, rather than just a good rule that is rarely practiced."

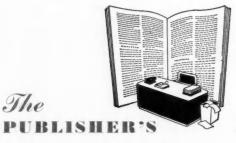
interesting idea, we think, that owes its effectiveness to its simplicity. And it's doubly interesting because we also learned that the American Dental Association has a poster that can be used in both the dental office and the home to teach the WASH-EAT-BRUSH habit. A miniature of the three-color poster is reproduced at the left in black and white. Note that it tells the story without words, so it's a suitable reminder for children of any age.

> You can strengthen the WASH-EAT-BRUSH habit by advising patients to "brush with Crest." Reason: long-term patient cooperation usually is linked directly to the results of preventive care, and Crest helps significantly to improve results. In one clinical study1 patients who brushed three times daily with Crest had 46% less decay than patients who brushed three times daily with regular toothpaste. Other studies2-6 showed that Crest reduced caries 21%-49% in unsupervised home use, compared with regular toothpaste.



1. J.Dent. Res., 39:871 (1960) and Peffley, G. (Private Communication). 2. J.A.D.A., 50:163 (1955). 3. J.A.D.A. \$1:556 (1955), 4, J.A.D.A., 55:196 (1957), 5, J.A.D.A., 58:43 (1959), 6, J. Dent. Res., 39:955 (1960).

Large office posters (12" x 161/2") cost 25¢, including postage; small home posters (3" x 4") are shipped for \$2.25 per hundred. Please order directly from the Bureau of Dental Health Education.



CORNER

A Taxi Ride in Brooklyn

"STEP LIVELY there bud; wher-you-going-to?" shouted the cab driver. The day was hot and humid and the cabbie's voice was raspy with a domineering pitch. He seemed proud of the at-least-three-day growth of whiskers that gave his face a sandpaper look. As I bounded into the back seat, my first reaction was that this character would be an excellent model for the Madison Avenue TV advertising boys who have razor or shaving cream accounts. I thought, in this case, it would take a superior product to get that "clean look." The advertiser could present the sandpaper "before" appearance and yet have the real-life model—no FTC complications or complaints!

As the cab rattled on, so did the cabbie. "Ya know what the doc told me I should do to lick this sore throat?" Without waiting for a show of interest on my part, his reply came: "He said I should take two months off and sit in the sun on the beach at Miami. Can ya imagine that! Ya know what I told him? If he would give me the \$1,500, I would do just that. Where do the docs think we get the money?"

Traffic was heavy but fast, and so was the bearded one's gesticulating. The ride was a long one. To save time (he explained) we took the lane under the elevated. "Less traffic and more speed"

(Continued on page 6)

"WHAT YOU SEE-you get!"

. with the Kodak Startech Camera Outfit

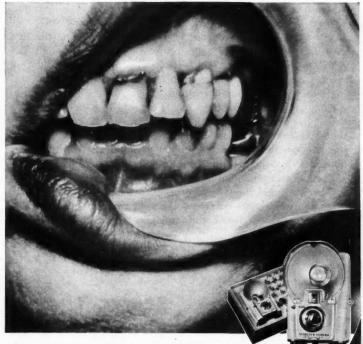
Three simple steps with the Kodak Startech Camera ... just sight and shoot ...

- 1. Determine lens-to-subject distance . . . either 4 to 8 inches or 10 to 16 inches.
- 2. Set pointer to correct distance.
- 3. Slip on correct color-coded supplementary lens (red or green).

Why is it so easy? Two reasons

- 1. The flash assures proper exposure.
- 2. The super-small lens opening gives great depth of field which assures clear, sharp pictures.

Try it. See for yourself.



There it is-just the outfit for the busy dentist who wants to build an effective record file! Kodak Startech Camera, color film, flash lamps, batteries, two supplementary lenses and a background easel. Complete outfit for less than \$35. Write for details. Price subject to change without notice.

EASTMAN KODAK COMPANY X-ray Sales Division, Rochester 4, N.Y.

was our goal! But the cabbie had reckoned incorrectly. We were stalled a few minutes when a car up front was not able to negotiate a left turn because of oncoming traffic. "What the --- ails you? Where did you learn to drive?" he screamed.

(And the meter continued its impersonal ticking.)

After a while we got going again and so did the driver; except that we got stopped before he quit the chatter. Now a police car couldn't turn off to the right. "Only a dumb cop could tie up traffic this way," he cracked, but in a voice not so resounding.

We finally maneuvered our way along, not minding the tire squealing. If the cabbie had stopped talking long enough I'm sure he would have heard other drivers questioning his sanity.

"What number did you say you wanted on Pasker Street?" he blurted out among some other mumblings. For the second time I spelled out the name of the street, A-s-t-o-r. "Did you say Astor? Whee, that's over on the other side of town, in the opposite direction." With that unwelcome news the cabbie's left hand shot out the window for a rapier-like signal. A left turn we did make, hot-rod style no less, beating oncoming traffic to the draw.

Then all was quiet, but the meter ticked on and on. If my hand had been steadier there was a good chance that I just might have given the sore-throat sufferer a check to carry him along for a time in the Miami Beach sun. He'd be safer there and I'd be equally relieved in Brooklyn!

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more than ever.

teeth must last!

more than ever . . .

GOLD FOIL IS BEST!

COURTESY DR. A. WAYNE HODGES

- best in lasting beauty!

With man's life-expectancy now lengthened to 68 years, beauty in a restoration is more than ever a matter not of cosmetics, but of lasting esthetics. It is the beauty of correct form and harmonious color that last for longest lifetime!

That is strikingly illustrated by Mr. H. A. Hodges, At 83, he is hale and vigorous and still active as a county auditor. He still requires teeth, including three anteriors attacked by caries as long as 67 years ago. Fortunately those anteriors are still a joy esthetically; fortunately they were saved with Gold Foil!

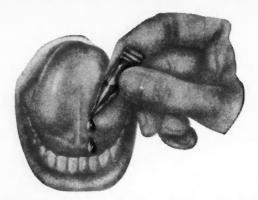
What better demonstration of Gold Foil's genuine esthetics, of its manifest and growing necessity! "We should be blind," exhorts the eminent Dr. Roy James Rinehart, "if we did not appreciate that gold foils present an artistic, clean-cut appearance rarely found in mouths having inlays or silicates."

To learn more about this wonderful material, mail the lower portion of this page with your card or letterhead to Morgan. Hastings & Co., 2314 Market Street, Philadelphia 1, Pa. - Established 1820.



Only GOLD FOIL saves for longest lifetime!

ORAL HYGIENE . NOVEMBER 1961 7



a new concept in control of dental bleeding...

KOAGAMIN°

dental sublingual hemostat

systemic control of capillary and venous bleeding by rapid absorption through sublingual veins

- just empty contents of 1 unit behind the anterior teeth (over sublingual veins)
- acts directly on the clotting mechanism to reduce bleeding and coagulation time

KOAGAMIN has been used successfully by the medical profession for more than two decades. Millions of doses have been administered without adverse effects. The following advantages are obtained from the use of KOAGAMIN Dental Sublingual Hemostat:

- · rapid formation of blood clots
- · reduces and facilitates manipulation
- · excellent demarcation of structures
- · decreased swelling and pain during and after surgery
- · no evidence of toxic or untoward reaction
- · no introduction of foreign substances in socket

KOAGAMIN is indicated wherever bleeding is a problem: preand postexodontia and other surgical procedures, following trauma, and in conditions predisposing to hemorrhage, such as infection, diabetes, and capillary fragility.

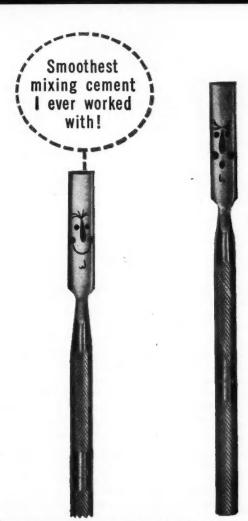
KOAGAMIN Dental Sublingual Hemostat contains 0.0324 Gm. ethyl oxalate, 0.0154 Gm. ethyl malonate and 35.76% ethyl alcohol per unit.

Supplied in boxes of 6 four-minim units. Available through your dental supply house at \$2.50 per box.

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Well, maybe spatulas aren't talking about Caulk's new zinc phosphate cement. But dentists are. They find CEM almost unbelievably smooth on the slab. In addition, strength is exceptional ... even in extremely thin films. These welcome advantages stem from new and unique manufacturing methods, including new zinc compositions and new concepts of kiln temperatures and calcining periods.

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SMOOTH

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that local irritation caused by food residues in areas not ordinarily reached by the toothbrush are an important contributing factor in periodontal disease . . . Literally thousands of dentists have written us attesting the merits and effectiveness of STIM-U-DENTS in the treatment of these diseases, STIM-U-DENTS are also helpful in the maintenance of optimum gingival health, and are so convenient to use after eating . . .

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gentle but stimulating, controlled massage of gums safer, more effective, thorough cleaning of teeth

in chronic marginal gingivitis and periodontitis "... one of the best aids in mouth hygiene to be developed in recent years... mouth hygiene is improved in less time and with less patient effort.... Gingival stimulation is improved with less patient education.... Once a patient uses Broxodent, he will very seldom return to the use of the ordinary toothbrush."

G. M. STEWART, D.D.S., UNIVERSITY OF PITTSBURGH, SCHOOL OF DENTISTRY, PITTSBURGH, PENNSYLVANIA*

in handicapped patients, both children and adults "At the end of 18 weeks 17 patients [diagnosed as severely retarded] demonstrated great improvement and 2 remained at moderate improvement.... In the opinion of the author Broxodent fills a definite need for the oral hygiene of severely handicapped patients."

J. J. ADELSON, D.D.S., 30 W. 59TH STREET, NEW YORK 19, NEW YORK*

in soft tissue problems, including periodontitis and periodontosis "Ten of the 12 patients experienced an improvement in their gingival lesions during use of Broxodent. Eleven patients had cleaner teeth when using Broxodent, and 10 reported a useful massaging effect with the instrument."

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*Clinical Research Notes, Vol. IV, No. 2, 1961

MAKES IT EASIER FOR YOUR PATIENTS TO PRACTICE WHAT YOU PREACH— AUTOMATICALLY

a superior bristle - interchangeable brush unit. Brush unit of new. special polyamide, Rilsan®-durable, flexible, superior to nylon or natural fiber, shaped to reach every dental surface. Soft bristle texture and rounded bristle ends are specially designed for automatic brush and massage action - nontraumatic to teeth and supporting tissue structure. Allergy or sensitivity to Rilsan bristles has not been observed.

safe-to-use-easy-to-operate. Precision, Swiss-built motor unit (110 v. A.C.) is thoroughly researched, carries the Underwriters' Laboratories Seal-self-lubricating, watertight, shockproof, specially designed for long, trouble-free service.

The patient merely attaches his personal brush unit and guides the instrument across buccal and lingual tooth and gum surfaces. BROXODENT automatically brushes in the recommended vertical brush motion-rapidly and efficiently cleaning every tooth surface, gently stimulating and massaging all supporting tissue structure.

less time-less effort-less error. BROXODENT provides the three essentials most patients are not willing or able to give for correct home care of teeth and gums - time, effort, and correct brushing and massage technique. Specifically, BROXODENT automatically assures in less than one minute the thorough cleaning and massage of teeth and gums that few persons can achieve in 3-5 minutes with an ordinary toothbrush.

one BROXODENT motor unit serves the entire family. Fully guaranteed for one full year, BROXODENT is supplied with two interchangeable brush units, a plastic travel case, and a convenient bathroom wall rack, at leading pharmacies, for \$19.75. Extra brush units (in a variety of colors) may be purchased separately, two for \$.98.

See your Squibb representative for complete details and demonstration, or write E. R. Squibb & Sons, 745 Fifth Avenue, New York 22, New York.



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PORTFOLIO ASSORTMENTS OF OPERATIVE SUPPLIES

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\$153.45 worth of filling materials, cements and FG carbide burs plus a handsome leather portfolio, 11" x 16"

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Same as above with RA carbide burs substituted for FG burs

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Take advantage of this unusual offer. Order the Portfolio S.S.WHITE Assortment of your choice today.



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3 Filling Porcelain liquids

1 Sample box Matrix Strips No. 20

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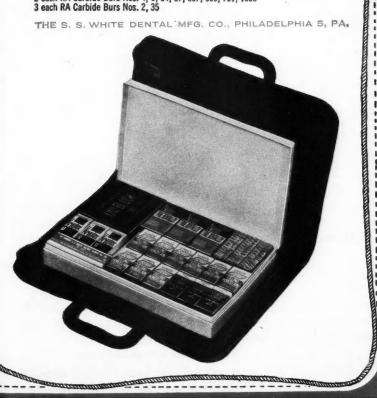
701L, 1558 1 Carbide Bur Uni-Block

Packed in top grain leather portfolio

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Identical to contents of Portfolio Assortment #1 above with the following RA carbide burs substituted for FG carbide burs: 1 each RA Carbide Burs Nos. 1, 3, 5, 7, 8, 14, 36, 37L, 38, 39, 559, 560, 702, 703 2 each RA Carbide Burs Nos. 4, 6, 34, 37, 557, 558, 701, 1558 3 each RA Carbide Burs Nos. 2, 35

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Regular brushing after meals is important to good oral health. However, as you know from experience, it takes a good-tasting toothpaste to encourage good brushing habits—especially among children.

We at the Colgate-Palmolive Company continue to stress the importance of brushing after meals in our advertising because we recognize it as an integral part of a good oral health program. Namely:

Brushing Regularly After Meals

2 Twice Yearly Visits To The Dentist

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Wonderful-tasting, minty-flavor Colgate Dental Cream is the world's most popular toothpaste flavor—and it is this "tastes good" appeal that encourages people to brush their teeth regularly.

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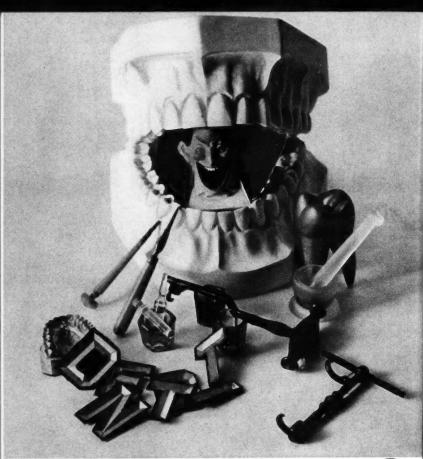
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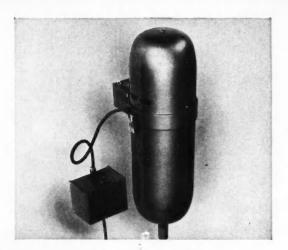
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This more versatile application of the popular PEL-VAC Zephyr is ideally adapted to high-speed dentistry and high office traffic. It permits working from one operatory to another without loss of time. The power unit is unseen and out of the way, which helps reduce patient apprehension. Works by air velocity, not just vacuum, to increase patient comfort. Write for full details.

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Therapeutic levels of antibacterial activity are achieved within fifteen to thirty minutes after administration.

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V-Cillin K produces greater antibacterial activity in the serum against the streptococcus and the pneumococcus than other oral penicillins now available. Although staphylococci vary in their susceptibility to penicillins, V-Cillin K provides potent antistaphylococcus activity.

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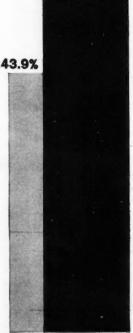
XUM

Today Denture Wearers

improved techniques
and modern materials
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in prosthetic

Greater knowledge,

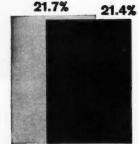
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This alkaline fixative powder forms a protective cushion between plates and gums. It helps relieve irritation and distributes shock.

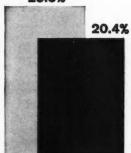
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Dispenser with 200 yds. of JOHNSON'S Dental Floss (Refills Available)

Dispenser with 200 yds. of Unwaxed JOHNSON'S Dental Floss

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Professional Unit—Dispenser with 200 yds. of JOHNSON'S

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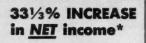
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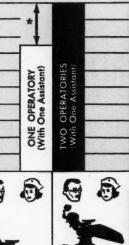
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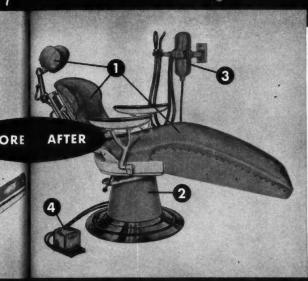




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Fitzgerald, G.: Dental Digest 62:494 (Nov.) 1956.
 Abel, I.: Oral Surg. 11:491 (May) 1958.
 Toto, F. D., et al.: J. Periodontology 29:192 (July) 1958.
 Burman, L. R., and Goldstein, A.: J. Periodontology 32:257 (July) 1961.

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Oral Hygiene

VOL. 51, NO. 11

NOVEMBER 1961

AN INDEPENDENT NATIONAL MAGAZINE FOR DENTISTS FOR MORE THAN FIFTY YEARS

EDITOR, Edward J. Ryan, BS, DDS ASSOCIATE EDITOR, Marcella Hurley, BA

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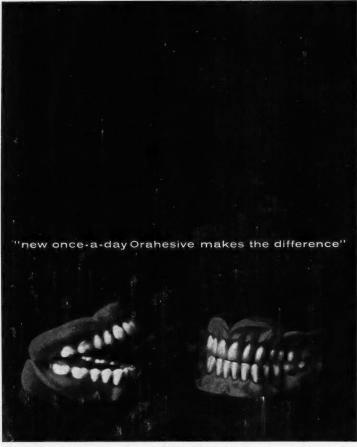
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ORAL HYGIENE FOR NOVEMBER 1961 . 51st YEAR

Picture of the Month



DOCTOR Paul S. Lalonde, Rochester, New York, dentist, shows his nephew Stephen LeFrois, a hippopotamus' tusk and an elephant's foot (now a footstool), a few of the curios he brought back from Tangan-yika. Home from his sixth trip to Africa where he assists the Medical Missionaries of Mary in establishing hospitals and dental clinics, he is spending six months practicing dentistry in Rochester. Much of this time is spent collecting funds, equipment, materials and supplies for (Continued on page 51)

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to Oral Hygiene, 708 Church Street, Evanston, Illinois.

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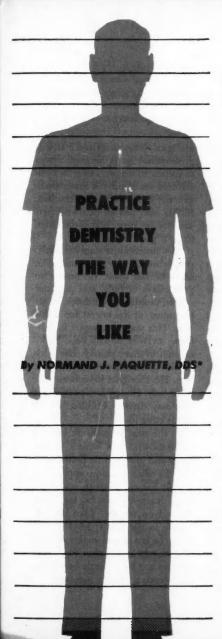
dental progress through

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8

ONE of the pleasing things about practicing dentistry is you can practice it as you wish. Dentistry will give you a living. You can take it easy, or you can work hard; you can accomplish much good by being in earnest, or you can make a racket of it.

I should like to point out a variety of ways dentistry is practiced. I do not want to be misunderstood for I do not favor all the ways I will describe. You can make more money by practicing in a certain way. I do not mean to imply money is everything; in fact, I know material gain has its limitations.

I have just returned from another dental meeting . . . three days of it. I always return from these meetings stimulated and filled with the good things I have learned. We who practice in our little cubicles, alone, and who take full responsibility for all our actions and decisions need to get out and find out what the other fellow is doing. Give me the refreshing experience of good dental conventions.

You, as a private practitioner of dentistry, can practice in any manner you wish, so long as it is legal.

^{*}Doctor Paquette, a graduate of Baltimore College of Dental Surgery, University of Maryland, has been practicing dentistry since 1933. He is preparing a book on full dentures for the general practitioner and has contributed several articles to Oral Hygiene.

Consider the adaptability of dentistry to the personal and economic needs of practitioners of widely varied interests and competency.

You can earn a living practicing dentistry alone or with associates or with auxiliary personnel. You can practice as a specialist in any one of the eleven specialties1 in dentistry or you can do general work, average or above average; you can earn an hourly fee of \$4 or \$40.

I would like to illustrate what I mean by a "manner of practice" by describing practices which fall in the three main groups mentioned by Clapp.2 I will not elaborate on the profiteers and racketeers, because these men are undesirable and not to be imitated.

The first one I would mention is the "loner," of which there are thousands. This man works best alone; he usually has one chair but may have three. This large group may be subdivided into low, medium, and high groups.

In the lowest level is the man who is not a good worker with his hands. He has a family and he must earn a living. Since he cannot command a good fee because of digital deficiencies and a lack of professional heart he must resort to volume to make a living for himself and his family. A lower-thanaverage fee is his main attraction. If this man has an extrovert personality he may, and often does, make a good living.

This practitioner does not make proper use of the x-ray machine; often he has none. He makes no gold inlays or foils, and puts out a good number of dentures, mostly uppers, at the lowest fee in his area. This man is unhappy in dentistry, even if he has been lucky enough to make money. His work has not given him any real satisfaction. His thoughts have been material only. He appears prosperous and may drive a Cadillac. He is status conscious.

In the next or medium level is the man who may have a similar setup and gives a little better service. His office has more appeal. He usually has an assistant, and up to three chairs because he, too, must depend on volume. Like his colleague in the lowest level of this group he is a money-maker, but he does things in a higher sociologic stratum and he is a little better off. He attends no dental meetings.

¹Radiology, anesthesiology, pathology, exodontics, pedodontics, geriodontics, periodontics, prosthodontics, endodontics, or-

donties, prosidenties, endodenties, orthodonties, and oral surgery.

"George Wood Clapp, DDS: "There are five groups: 20 per cent tops; 25 per cent above average; 50 per cent average or mediocre; 2 per cent profiteers; 3 per cent racke-teers."

The high level of this group is the man who does a large volume of business because he has the most business acumen of the three. He makes good use of auxiliary personnel. He has an elaborate office layout.

Characteristic of the three levels are: low fees and volume. There is no patient education regarding better dentistry. These men, for the most part, do not attend dental meetings, or rarely, although they belong to dental societies and pay their dues. Organized dentistry does not prosper because of these men but despite them, and it is ironic to have to admit that often these men are officers of our local societies.

The Above-Average Dentist

There is a type of dentist who is more serious minded and who tries to be better than the average. He is a better worker with his hands, and has his own laboratory. He is inclined to be introverted or subjective. He performs all branches of dentistry well, including gold work and minor oral surgery, and he uses general narcosis in one form or another. He may be a loner with one or two chairs, or he may have an associate, and he uses auxiliary personnel. If he has enough business he will usually have a hygienist. This type of person does all he can to elevate dentistry. He, and the man in the highest category, work on a professional par with the good men in medicine. They make use of the stethoscope and the sphygmomanometer on major cases to listen to the heart and to determine the blood pressure. This elevates them as professional men in the eyes of the patients. Many of them do their extractions in hospitals, although this is not to say the practice is generally advocated. The high type professional man in this group usually has a well-equipped office, and often does his own laboratory work in contrast to the type man in the fifty per cent group who does almost no laboratory work of his own.

One Out of Five

The best dentists in the country comprise the "cream of the crop"; the top 20 per cent or one out of five. These are the men who are asked to be the speakers at the larger conventions. They are authorities in their field, and a good part of this group specialize.

They give the best service and command the best fee. Moreover, if the case warrants it they will accept a charity patient. These men make good incomes because they get more referrals; however, they do not produce in volume. They make judicious use of auxiliary personnel. Every ethical dentist strives to be in this group, or should, as it represents highest professional aspirations and attainment.

Efficiency

It has been my privilege to know some fine workers in dentistry. I should like to report on two who are doing important things in an

acceptable way.

I met Doctor A almost 20 years ago. He had a good practice and was always trying to do better. He was an out-going and enthusiastic man. At the time I first knew him he had two chairs and two assistants.

I heard him lecture five years ago on practice management; he was good. I recently heard him and he was better. His enthusiasm has rubbed off on me a little and it could be this article is a result.

Anyone who can keep five women employees happy in one office has to be an executive. This man has a hygienist, a secretary, an assistant secretary, an efficient chair assistant who does nothing but assist at the chair, and an assistant-assistant, known in the office as a rover, and who takes orders from everyone. Every employee knows her job and also knows the other jobs so the girls can interchange whenever necessary.

Doctor A does complete dentistry. Ninety-five per cent of his service is done on the budget basis. (Dentures have to be good if they are paid for on the budget plan.) Doctor A talks up bigger and better dentistry to all patients who step into his office; 80 per

cent of these decide to be "fixed up." He takes complete full-mouth x-rays and does a thorough clinical examination with a sharp explorer. He then sits down with the patient and talks things over. Examination and consultation take two long appointments . . . maybe two hours. The estimate is made and a plan is suggested for its payment. The patient signs a contract which states what will be done and how much it will cost, and how it is to be paid. He makes a down payment or retainer fee of one-half to onefourth, maybe an average of onethird.

This is a new idea for the patient. He has not had his dentistry done like this before. He is not entirely sure it is all right but it sounds good and he knows someone else who had it done this way so he thinks he will try it. But he has not complete confidence in Doctor A as yet.

At the third appointment Doctor A does only two units of work. The patient is in the office for one-half hour. Doctor A selects some easily seen cavity . . . possibly a Class Three on an upper central . . . and places a neat silicate restoration. All treatments are done under local anesthesia or analgesia. It is painless and the patient is pleased with the improvement. Confidence is gained.

With the fourth appointment treatment begins in earnest. This

is where Doctor A makes full use of his auxiliary personnel. The patient is greeted by the secretary who takes his payment, if it is a payment day. He is seated by the chair assistant who works with the dentist and who prepares and restores a quadrant of the mouth at one sitting. While the teeth are being prepared, the roving assistant mixes the restoration material and hands it to the dentist. This is a long appointment which lasts up to two hours and much can be accomplished in that time with good team work. (A movie film of this team at work is a revelation in efficiency time and motion.) The hygienist had previously taken the x-rays and cleaned the teeth. Doctor A works sitting down. He makes use of the new hi-speed equipment and anything which will make it easier for the patient to be comfortable and for him to give his service more efficiently.

Treatment that would ordinarily take weeks, and possibly months, is done in a few appointments which are estimated at the time of contract signing. The patient knows the service will be completed in a short time. All restorations have a pulpal protection. All restorations are polished by the hygienist at the time the teeth are again cleaned upon completion of the treatment plan. The patient returns six months after the first cleaning for a checkup and prophylaxis. This has all been figured

in the original estimate; the patient is happy as there is nothing to pay at this time.

Thus Doctor A now sees only five or six patients a day against the 30-odd he used to see daily prior to this plan.

Dentistry at One Sitting

Doctor B I have known less years than Doctor A. Doctor B also has tremendous drive. With a physician friend Doctor B worked out a technique by which all extractions and operative dentistry could be done at one sitting, under a general anesthetic, in the office, and the replacements or prosthesis would be finished and in the mouth when the patient awakened.

In other words, except for a prior appointment when x-rays and impressions are taken, all dentistry is done at one time within a half-day while the patient sleeps. This has worked out successfully for Doctor B. He has since expanded his office . . . more than quadrupling his space. He has 17 people on the payroll. I never thought one dentist could do so much dentistry. He has a physician on full time and two other dentists who are not associates. With this much auxiliary help Doctor B does a large volume of dentistry. He has the most modern equipment and makes use of every device to aid him to produce more.

(Continued on page 70)

Camera Helps Win

Gallery of photographs of junior age patients creates conversation topic for Pennsylvania dentists.

SIX YEARS ago Doctors D. L. Graitcer and J. H. Barron experimented with a camera as a calming influence during early visits of youngsters to their offices. The tests proved immediately successful and the picture taking technique and display of prints are now regular procedures in the practices of these two men.

The primary purpose of the plan was an attempt to gain the friendly interest of children and possibly break down resistance to dental treatment. The resulting photographs have also brought about a variety of interesting and beneficial side advantages at little cost. Parents, for instance, appreciate the unique attention given their children. They watch anxiously for the photographs to be added to the gallery in the dentists' reception room.

When Doctors Graitcer and

Barron started taking the pictures they kept the first several dozen in an album that was included among the magazines on a reception room table. It promptly claimed the interest of both young and adult patients. Within a few weeks the album became so dogeared through repeated handling that the dentist-photographers recognized that some better plan for displaying the prints would have to be decided upon. The solution to the problem was to use the walls of the reception room.

A corner wall area near the door leading to the operating rooms was set aside for the pictures — even though it meant covering the just refinished walls. When the growing lot of pictures covered the area a second corner of the reception room was taken over, and now that this is filling up rapidly the dentists are facing the space prob-

Good Will of Young Patients

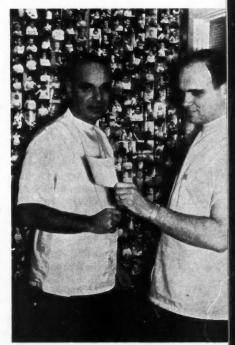
By CHARLES P. FITZ-PATRICK*

lem once again. Currently there are close to 900 pictures in the gallery.

Emphasizes Patient Load

This large collection has prompted more than one adult to remark, "I never imagined you had so many patients, especially children." Doctors Graitcer and Barron have determined that the average patient sees only the man or woman or child who has the appointment just before or after his. He may also have several friends and relatives who go to the same dental office. "But," the dentists claim, "patients never visualize a practice in terms of masses of other patients." This new realization is helpful, the practitioners say, when it is necessary to make an appointment weeks in the future because no other time is available.

Some of the pictures placed in



The latest addition to their reception room gallery is considered by Doctors D. L. Graiteer and J. H. Barron, Drexel Hill, Pennsylvania.

*Mr. Fitz-Patrick has had about 1500 articles published in professional and commercial magazines. He is also the author of a portfolio designed to aid practitioners in the collection of overdue professional fees.

the gallery have not remained there too long. "Romance is the reason," Doctor Graitcer explains. A small boy who sees a picture of a young lady in whom he is interested simply "appropriates" the print, and apparently some of the young girls are not beyond applying the same technique. Pictures of boys turn up missing from time to time. Most interested parents, however, simply ask the dentists to prepare extra prints if they wish to have photographs to show to friends. The number of parents making such requests is surprisingly high.

In their joining suburban offices each of the dentists takes his own pictures of patients, but Doctor Barron handles most of the film and print processing as an after

hours avocation.

The practitioners use the same camera-a 35 mm Argus C3. The dentists purchase film in bulk and respool it themselves to keep film cost to just a little more than a cent a picture. They use Eastman Tri-X film, sufficiently high speed to permit taking available light shots, and thus avoid the cost and inconvenience of flash or floodlights. They have found that this technique gives natural results and is a real time saver. Lens and speed setting will vary according to light conditions, so other dentists following a similar picture taking plan should get meter readings in their own working quarters.

Doctors Graitcer and Barron have not made it a practice to ask permission before making their shots, and this has not yet produced any complaints. The possible exception is the occasional youngster who may have been four or five back in 1955 when the first pictures were taken and is now a young man of ten or eleven. Some have admitted they are not too pleased seeing themselves still in the gallery. The complaints are not too serious fortunately.

Doctor Barron blows up the 35 mm negative to 2½ x 3½ inch prints. The young patient's name is handwritten across the front before the photograph is given a place in the gallery. Negatives are stored carefully to protect them against scratches, but no detailed filing system is employed. As Doctor Barron explains it, "We receive few requests for prints after the first weeks, and a detailed filing plan would be time consuming.

Doctors Graitcer and Barron agree that while space may become an acute problem, the success of their gallery in winning the good will of youngsters and the desirable interest of adults makes its continuation necessary.

Incidentally, contrary to the popular impression, all boys and girls who sit in dental chairs do not frown and tighten up. Doctors Graitcer and Barron have the evidence to prove this.

3841 Aspen Street, Philadelphia



TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

Aerylic Splint Aids Healing of Dry Sockets

By JULIUS L. BISCHOF, DDS and WILMA DOSENBACH

Drawings by Dorothy Sterling



Take an alginate impression of the area, including adjacent teeth.



Impression will show protuberances formed by the sockets. Cut these away.



Pour a model of the impression.



Use fingers to adapt selfcuring acrylic over the socket area of the model. Polish the acrylic when it has hardened.



When the splint is placed over the socket the area is protected from the impaction of food particles.



Instruct patient to remove splint daily, gently use an antiseptic, and replace splint immediately. Clot will form and granulation take place within a week, Splint is then discarded.

Rock Gleeting as

This dentist enjoys
collecting, cutting,
and polishing
rocks, and mounting
the semi-precious
stones in gold
and silver.

Howard Quackenbush, DDS, of Fort William, Canada, is one dentist who never wonders what to do with a day off. He hunts rocks on the shores of Lake Superior and in the flat-topped mountains of the Lakehead.

Always somewhat interested in geology, Doctor Quackenbush began giving it serious attention a dozen years ago. At first he merely collected pretty stones like thousands of rockhounds in the United States and Canada. But as he studied geologic manuals, he learned with amazement of the variety of semi-precious stones in the Lakehead region alone.

"Rock hunting doesn't require much equipment beyond a prospector's pickhammer," the dentist says. "And you don't need even that on beaches or gravel dumps. A cold chisel is handy for gouging out a seam imprisoned in ordinary rock. And of course, you need a knapsack to carry your specimens home."

As an experienced rockhound, he usually carries a magnifying glass to study the shape of crystals. The serious collector always makes careful notes of date and location and species. Some rocks require elaborate tests. Doctor Quackenbush has gone so deeply into the subject that geologists often come to him for help; for example, to make a hardness test of hematite, using a tungsten-carbide needle.

Prospector Seeks Advice

One prospector brought a sample round one night for identification. He was sure the two glassy spots imbedded in a chunk of granite were colorless topaz, maybe diamonds dropped by an erratic glacier long ago. A chemical test proved them to be quartz crystals.

While few rockhounds make spectacular finds, they do pick up semi-precious jasper, banded agate, or amethysts. The Thunder Bay Mineralogical Society has a young off-shoot in the group formed in the Lakehead Technical College.

Members of such societies trade

a Hobby

By LYN HARRINGTON*

rocks among themselves, and with other groups in Canada and the United States. They buy mineral collections, or through dealers get a parcel of exotic stones such as opal from Australia, tiger-eye from Africa, moss agate from Montana. To be perfectly fair, the specimens are numbered and each member draws for his share.

Doctor Quackenbush's hobby of mineralogy spreads through his home. The living room centers around a fireplace of banded red jasper, stones which the dentist and son Allen collected and put together. The mantel is garnished with particularly handsome mineral specimens, while a nearby lampshade is set with translucent slices of colorful rocks.

In the rumpus room, glassfronted shelves display Doctor Quackenbush's geologic treasures. The fireplace here sparkles with frosty greenstone. Last winter, he added a panel of rocks that spring to astonishing yellow, purple, green, and orange at the touch of ultra-violet light.



A prospector's pickhammer is the main tool needed by rockhounds, and rarely necessary on a beach. —Photographs by Richard Harrington, Toronto, Canada.

Mrs. Quackenbush has every right to be proud of the semi-precious jewelry made by her husband and son, who also built the fireplace of banded jasper.



^{*}Mrs, Harrington and her husband form a photographer-writer team and have written approximately 2000 articles and eight books, largely dealing with the Canadian scene. They have also traveled extensively in many parts of the world.

Rock collecting is interesting in itself, but cutting and polishing reveal the inner beauty. Some rockhounds have their stones custom-cut and polished, although compared with many hobbies, this does not require elaborate or expensive equipment. Doctor Quackenbush goes the whole way, right from collecting to mounting semi-precious stones in silver or gold settings.

The first step is the cutting, and this can be tricky. You have to learn just where to make the cut, and it varies from stone to stone. The outside, too, does not always indicate what is inside. The agate may be a geode, its hollow center bristling with quartz crystals.

The stone is clamped firmly, then cut by a power-driven diamond-impregnated steel saw, and the cutting may take hours. The resulting face is usually polished. To make jewelry, you cut off a thin slab of rock, and trace the

design with aluminum pencil. Then you cut it roughly to shape on another saw, and smooth it to exact dimensions holding it by hand.

Doctor Quackenbush also produces highly-polished stone in the "tumbler," a small barrel turned by electricity, in which small pieces of rock tumble for weeks. Doctor Quackenbush adds water and different grits during the process, ending with a polishing powder.

To date, he has bought settings, but he will probably start designing them one of these days. He makes time for many interests—to grow fine roses and tall corn, to plant hundreds of young pines on his rural acres, and even to keep a few hives of bees. Whatever he is doing gets full attention—a virtue his patients appreciate.

12 Castle View Avenue Toronto 4, Ontario, Canada

THE COVER

THIS MONTH'S cover photograph is a striking aerial view of the Statue of Liberty illuminating New York Harbor at night. Setting for the 37th Annual Greater New York Dental Meeting December 4-8, 1961, is the Statler Hilton, New York City. The Organization Committee and members of the First and Second District Dental Societies extend a cordial invitation to all dentists to attend the many valuable scientific and pleasant social events scheduled for this five-day meeting. For complete information and reservations address: Mrs. Mabel Purdy, Executive Secretary, Greater New York Dental Meeting, 106-A, Hotel Statler Hilton, New York 1, New York.—New York Daily News Photograph.

So You Know Something



About Dentistry!

By ROLLAND C. BILLETER, DDS

Quiz 206

- 1. True or false? A tooth may be vital, but diseased.
- 2. A child usually (a) has, (b) lacks, a sensitive gag reflex..
- Does inadequate pressure on the button of the timer switch cause a thin image in the roentgenogram?
- 4. There (a) is, (b) is not, a significant association of pigmented spots of the lips and oral mucous membranes with intestinal polyposis

- Which of the following are most suitable for employment of a three-quarter crown? (a) thick teeth, (b) square teeth, (c) teeth with extreme lingual abrasion
- Is extreme caries susceptibility a factor in making the choice between complete and partial denture service?
- A chronic gingivitis (a) can, (b) cannot, cause progressive changes in the underlying periodontal tissues
- True or false? The torus palatinus is a benign growth and usually is of little significance

 When operating at ultra speeds does blade action create more friction than grit?

FOR CORRECT ANSWERS SEE PAGE 72

A few adjustments of minor office inefficiencies can save you money, energy, and add years to your life.

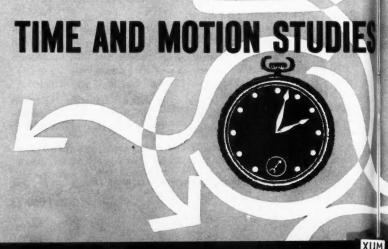
Wasted time and motion in dentistry can lead to reduced profits, defective service, and unwanted fatigue that can shorten professional life. Dentistry, like any business or profession, cannot afford the added expense of wasted time or energy in the day-to-day flow of dental production. Since the only commodity we sell is dental knowledge based on dental health rules, neither time nor energy should be idled away. I have observed that so-called "efficiency

experts" devote intensive study and application of that study to conservation of business efforts so that more efficient products can be produced at greater savings in manpower, and that existing production facilities will manufacture more and better products at reduced costs.

The first panacea to appear in many years in dentistry is the high-speed' drill. This instrument can do much to relieve the constant tension and strain of a busy operative practice. Used with discretion, it can increase productivity by conservation of time alone. Assuming that the old drill took thirty minutes of working time on an average cavity preparation, the high-speeds proportionately produce the same result in a few minutes.

Office arrangement. I have seen too many dental operatories that

*Doctor Winkler received his dental degree from Columbia University in 1924. Since then he has served in various staff capacities at Gouvernour, Believue, and Fordham Hospitals. At present he is Director of the Dental Department at Fordham Hospital in New York.



are so poorly arranged that the assistant and the dentist are constantly in each other's way. Often the unit and cuspidor are a few inches too far away, one way or the other, so that the patient cannot conveniently reach them, and neither can the dentist or his assistant. If the office does not have an assistant, it important to have the operative-instrument cabinet close at hand. Saving steps and unnecessary motions can conserve energy and indirectly produce better dentistry.

The telephone. If placed in the wrong place in a busy office, the telephone can cause wasted motion and delay. Assuming again that the assistant is not at hand, an extension telephone mounted on the wall nearest the chair can be answered easily, particularly if the dentist is interrupted in the midst of an operative procedure.

Conservation of time at the chair. Every minute of your time spent at the chair should be freed from inefficiency:

Tips for Efficient Procedure:

1. "Clear the deck" in your operating room often. When you are through with the drilling procedure, "clear the deck" of burs and any other unnecessary instruments. Proceed with the toilet of the cavity and again "clear the deck." Fill the cavity and "clear the deck." Fill the cavity and "clear the deck." before the patient leaves. Patients will long remember what a clean and efficient dentist you are.

2. Keep all necessary supplies within reaching distance.

3. It is not always possible to install the washbasin close to the chair. Therefore, make certain that soap and clean towels are available there. Avoid leaving used

(Continued on page 55)

ES IN THE DENTAL OFFICE

By NEWMAN D. WINKLER, DDS*

Consultation

A ready-made diagnosis of the

By ARTHUR ELFENBAUM, BA, DDS*

Even cases of glossodynia of long duration yield to careful analysis and correct oral and systemic therapy.

ONE of the most difficult problems that besets the dentist is the diagnosis and treatment of the painful, burning tongue. Although it occurs occasionally in postclimacteric men, it is found more frequently in the postmenopausal patient and helps to constitute the wellknown and challenging postmenopausal syndrome. The symptom was formerly called glossopyrosis (Greek-glosso, tongue; pyrosis, burning), but it is now known as glossodynia (dynia, pain). When it occurs in a younger woman, the problem at first appears to be insurmountable, but when it is learned that she has undergone a hysterectomy, which is actually an

artificial menopause, it should not be surprising to learn that her symptoms are similar to those experienced by the elderly woman whose menses are past.

The patient with glossodynia has usually suffered with it for a long time, and when she says that the onset began a few months ago, it may be taken for granted that the symptom is of much longer duration, probably soon after the menopause began. The burning gradually increased until the patient was made constantly aware of it and eventually decided to seek help, but since the public to a great extent still considers the dentist to be "the man who fixes teeth," the physician is called upon for treatment.

If the patient wears acrylic dentures, many physicians blame the material as an allergen and suggest that vulcanite be substituted, but experience has taught us that sensitivity to the monomer is too rare to account for the numerous cases of glossodynia. The dentist, although not acquainted with the possible pathosis of the burning

^{*}Doctor Elfenbaum is Professor Emeritus of the University of Illinois and Northwestern University, Consultant in Diagnosis and Treatment Planning at the Dental Training Center of the West Side Veterans Administration Hospital, Chicago: and Courtesy Member of the Medical Staff at Michael Reese Hospital.

Clinic:

burning tongue

tongue, knows enough to insist that a systemic condition is involved. Consequently, the patient finds herself abandoned and finally wanders into the dental clinic of a school or hospital, where, although a workable diagnosis is not always made, someone, at least, is obligated to enter a record in the chart. The written word may not supply the solution to the problem, but it puts a responsibility on someone's shoulders and assures the patient that she has the right to return and continue to complain. Many such patients have eventually been referred to the psychiatric department where the sufferers are promptly dismissed.

It is unfortunate that the dental practitioner whom the patient first consulted has no idea what became of her and has learned nothing from the experience. The next patient with glossodynia is again summarily discharged, and the time spent with her is recorded in the books as a loss.

Scrutinize the Diagnosis

In the hospital, however, if the



staff member in one department ventures to question the original diagnosis, he is at liberty to use a different diagnostic procedure and change or modify both the diagnosis and the treatment. When the patient is referred to the dental department for the construction of new dentures, the dentist must be careful not to be persuaded by the ready-made diagnosis of the first examiner in the medical department. It may be correct and trustworthy, but it should be scrutinized by everyone who is involved in the management of the patient's problem. Of course, discretion and diplomacy are essential in interpersonal relations among physicians and dentists in a hospital, but the health of a patient must never be sacrificed to foster better medicodental reciprocity.

To illustrate the dentist's modification of a ready-made diagnosis of glossodynia, we cite the case of a postmenopausal patient in her sixties who had consulted several private physicians and dentists about her burning tongue and finally resorted to a hospital medical clinic. The medical examiner who interviewed her first, noticed that her facial appearance showed the typical change due to what has been called a loss of vertical dimension. He also learned that her vulcanite dentures were at least 30 years old. He had heard or read that when jawbones are severely resorbed under old dentures, there may be a possibility that the collapsed jaws pinch the glossopharyngeal nerve, causing a paresthesia in the tongue. He therefore made the diagnosis of glossopharyngeal neuralgia and referred the patient to the dental department.

The dentist in the diagnostic section took a history and proceeded to examine the tongue itself more closely. The patient's immediate remark was that nobody else had looked at her tongue so thoroughly, nor had she observed any changes in its appearance. It was flabby, fiery red, smooth and shiny. No filiform or fungiform papillae were to be seen. When extended it almost fell and it lay limp across her chin. The borders of the tongue showed indentations of the teeth of the mandibular denture. In all, it was a classic picture of atrophy and atonicity.

A brief inquiry into the patient's diet revealed that the quantity and quality of her food was inadequate. Her protein intake was pathetically poor. She used cathartics to excess-a frequent cause of vitamin loss. The absence of papillae on the tongue exposed the taste buds to an abnormal environment and the consequent perversion of her taste sensations destroyed her appetite considerably. Economic conditions forced her to pinch pennies in the grocery store and her domestic problems induced a pessimistic frame of mind. The logical diagnosis was that vitamin deficiency rather than glossopharyngeal neuralgia was a basic factor. It is safe to assume that the physical changes in the tongue could have been seen long before but evidently nobody had paid attention to them.

It took a little time to convince the woman that it was more sensible to spend her money for good food than for medicines. A high protein diet and high potency B complex and C vitamins were prescribed. The supplementary vitamins were to be gradually reduced until the diet alone was found to be adequate for nutrition. Several short appointments were used to talk with the patient, mostly to let her ventilate her inner tensions and frustrations. This method of psychotherapy should be used more frequently in the dental office. It takes less time than generally assumed and it is a factor in practice building that has not been given enough consideration.

After a few weeks the oral symptoms and signs began to disappear. New dentures were made, but it is possible that even if the patient had continued to use the old, ill-fitting ones, her mouth would have been more comfortable.

The interesting observation in this case is that, although the medical examiner's diagnosis was not exactly correct, his suggestion to make new dentures was in order. So far as the dentist was concerned it was inadequate. New dentures would no doubt have improved the patient's appearance and the masticatory function, but since the basic problem was nutritional rather than neurologic, the new dentures would not have relieved the burning tongue. If the dentist had accepted the physician's readymade diagnosis, he would have rendered the patient a needed dental service, but he certainly

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would not have solved her uppermost oral problem.

It has been said that in all health problems there is only one diagnosis but there may be multiple successful treatments. It is not to be inferred that inadequate intake of food and a deficiency of protein and vitamins were solely to blame in the case cited. They are only one aspect in the multifaceted treatment of the burning tongue in the postmenopausal syndrome. It is stressed here because the dentist is capable of treating it by dietary and nutritional instruction. To discuss with the patient the possibility of other causative and contributory factors, such as faulty protein metabolism, pernicious anemia, hormonal imbalance, and psychic disturbances, would only confuse and discourage Should the dentist's treatment fail to give complete relief, the cooperation of an understanding and sympathetic physician must be solicited.

431 Oakdale Avenue Chicago 14, Illinois

PICTURE OF THE MONTH

(Continued from page 31)

the hospitals and dental clinics in Africa, including tons of drugs for which there is an ever increasing need. In January 1962 he returns to Africa for six months' "person to person" service such as he described in "I Practice Dentistry In The African Jungle" published in January and February 1958 issues of Oral Hygiene.—Courier-Journal Photograph, Rochester, New York.

Practice Administration

By CHARLES L. LAPP, PhD, and JOHN W. BOWYER, DBA*

A True Professional Man¹

"The central theme of any true profession is ministry to the people. This is not just a service, humbly rendered. It is guidance, extended with pride and authority. Moreover, there is no vow of poverty, no turning away from the ways of the world. Its members expect and intend to obtain a share of the world's goods in order that they may act effectively. But they are far more interested in other things than to join a mad scramble after riches. For the genuine professional man, the thing that leads him on, that causes him to exert his best efforts, to aspire to great accomplishment, is the desire to win over the long run the respect of those of his

fellows whose judgment and whose standards of judgment he respects." You may not agree with the foregoing statement, but at least you may have found it thought-provoking.

Time Efficiency Tip

Have your dental assistant keep track for one week of the activities she has performed and approximately how much time each required. Then, if the two of you will sit down and spend ten minutes looking over what she has done and how long it took, you will both arrive at some startling, time-saving suggestions. Thus, she will be able to do a better job for you—even in less time than before.

^{*}Doctor Lapp is Professor of Marketing; Doctor Bowyer is Professor of Finance, Washington University, St. Louis, Missouri.

Bush, Vannevar: Business Management—a Profession, Merck and Company, Inc., in The Diary of Alpha Kappa Psi, Volume L, pages 3-6, 1961.

Thought-Provokers

Some Quick Thought-Provokers

- The value of mutual fund holdings by businesses, institutions, and foundations rose to \$407,833,000 last year from \$397,622,000 in 1959, according to a survey made by the National Association of Investment Companies.
- Last year 114 people, mostly children, died as the result of misusing the kind of thin plastic bags generally used to protect dry cleaning.

Some Interesting Facts That Need Action

Our slums and blighted areas comprise about 20 per cent of the Metropolitan residential areas. In the United States such areas account for . . .

32% of our population

55% of juvenile delinquency

45% of major crimes

50% of the arrests

60% of the TB victims

35% of fines

50% of all diseases

45% of local government service

But produce only 6% of tax revenues.

Lower Interest Rates and Building Plans

Many dentists have postponed building plans in the past two or three years because of "tight money" and the difficulty in borrowing mortgage money at reasonable rates. It is evident that interest rates are now about as low as they are going to go. If you plan to build or buy an office building or home, do it now. As business activity picks up, interest rates on new mortgages will undoubtedly rise again.

Taking the Mystery From Trusts

XUM

Are you confused by the terms, "Living Trust," "Testamentary Trust," "Gift Trust," and similar terms? You can have many of these clarified by reading a booklet, TAKING THE MYSTERY OUT OF TRUST FUNDS, obtainable from Manufacturers Trust Company, 55 Broad Street, New York 15, New York.

Banks Do Fail

Most of us take the safety of our bank checking and saving accounts for granted. However, in recent months there has been evidence of depositors losing money, because they have over \$10,000 in a single bank in one account. The Federal Deposit Insurance Corporation insures deposits up to \$10,000 in virtually all commercial banks, but many people have deposits in excess of this amount in a bank. It is possible to have as much as \$30,000 in a single bank and have it insured. This is done by carrying deposits in separate accounts.

If you want more information on your rights under federal deposit insurance, write to Federal Deposit Insurance Corporation, Washington 25, DC, for a copy of the pamphlet, Is Your Deposit Insurance?

Dollar Cost Averaging

Diversification, "not carrying all your eggs in one basket," is a well-known investment concept. Most of us think of reducing our risk by spreading our commitments over a large number of investments. However, we need diversification of investments over "time" as well as "type of investment" to assure us that we will not invest only at high prices. This can be accomplished by dollar cost averaging. You can dollar average your investments by using the "Monthly Investment Plan" of the New York Stock Exchange.

In addition, the dentist has the problem of deciding "what to buy" as well as "when to buy." A booklet discussing these two problems with examples is available by writing to Practice Administration Thought-Provokers, Oral Hygiene, 708 Church Street, Evanston, Illinois.

How to Become a Heroine

What can someone do to assist her employer with his letters? A stepby-step guidance that might be helpful for dental assistants is provided in a new book entitled, Coping With Correspondence, by Homer L. Cox, published by the Sterling Publishing Company.

Investing in Blue Chip Stocks

Investing your money in the so-called blue chip stocks and then putting your stock certificates in a safety deposit box and waiting may not pay off. What if fifty years ago you had put money in the twenty largest publicly held industrial corporations and forgotten about it? To begin with, the purchasing power of the dollar in a half century has dropped to about 32.2 per cent of its former value. Less than half of the blue chip companies would even have maintained the purchasing power of the investor's dollar, let alone given him any growth. Investing is an active, not passive affair, and it takes study and effort to keep up with the changes that will probably produce quite a different list of blue chip companies even twenty years from now.

TIME AND MOTION STUDIES IN THE DENTAL OFFICE

(Continued from page 47)

towels on the chair, on a window sill, on the cabinet.

4. Develop any and all short-cut routines designed to save steps and

Varicolored tapes can be useful in inducing patient cooperation by installing RED on the spotlight button of the unit; BLUE on the cup-filling button, and a spot of color on certain cabinet drawers to find things in a hurry. Even the children's drawer can be identified with colored handles, and the smartest of them will learn where to find the trinkets that are awarded for good behavior.

6. Colored indicator tabs on the file cards can show at a glance, RED - balance due; GREEN needs bridgework, dentures, or other service; BLUE - slow pay, troublesome.

Make it your credo to use only the finest materials and insert them to the best of your ability, but also conserve your efforts in so doing. Any business that loses itself in endless reams of red tape usually staggers to a close. Efficiency in the home or office pays off in long run dividends, saves time, and conserves energy.

I would much rather be known as an efficient dentist than one who goes through all the motions and ends up the day under a staggering pile of debris, clutter, con-

fusion, and fatigue.

2122 Seneca Place Merrick, LI, New York

FOR DENTISTS IN THE ARMED FORCES!

OVER 2000 dentists in the military service of the United States throughout the world are now receiving ORAL HYGIENE. Wherever you are serving, please send your name and complete address to ORAL HYGIENE Publications, 1005 Liberty Avenue, Pittsburgh 22, Pa. We will be happy to forward Oral Hygiene to you regularly every month. However, it is important that you notify us if you are transferred. ORAL HYGIENE will then be able to follow you to any part of the world.

Limited Reciprocity, Employment and Social Security for Retired Dentists

By HENRY REISEMAN, DDS*



The author suggests a way to prepare for satisfactory and independent retirement.

SUFFICIENT capital through successful practice management is not, in itself, absolute assurance of a satisfactory state of retirement. Retirement planning must keep pace with practice planning, to achieve the important objective of having employment, avocations or hobbies, when a dentist gives up his practice. This article will stress partial employment in dentistry and present a method whereby the dentist will be able to acquire such necessary employment during retirement.

Since it is beneficial for retired persons to find part-time work but difficult for a retired dentist living on Social Security to find employment in unfamiliar occupations, a limited form of reciprocity is recommended.

This type of reciprocity will prohibit the dentist from opening an office of his own, or engaging in private practice outside of the state in which he is licensed. It will enable him to obtain employment from members of the dental profession at the prevailing limited Social Security salary of \$100

^{*}Doctor Reiseman, a graduate of the University of Illinois College of Dentistry, has been in practice for 45 yars. He is a life member of the American Dental Association and the Chicago Dental Society. He has had several articles on the subject of retirement for dentists published in the Journal of the ADA.

a month, or \$1200 a year, without a state board examination, and on the assumption that after 25 or more years of practice and membership in the ADA, he is qualified to aid another dentist in any State of the Union.

This proposal is not a one-sided humanitarian plan to help the retired. It will enable men in active practice to obtain part-time assistance from the retired at low salaries. Undoubtedly there are many busy, ailing, semi-retired and other dentists in practice who would welcome such assistance. It would help the retired not so much financially, as in maintaining an active and salutary interest in life, by working three or four hours a day.

It is not likely that an ethical member who has practiced dentistry thirty or forty years, would violate his limited license in another state where he is employed; because he knows that his life expectancy is short; the expense of establishing an office, costly; the burden of excessive work, undesirable; acquisition of a clientele in new surroundings, not worth the effort. Should there be any violations of a dental practice act or the code of ethics, the dentist's temporary license could be rescinded promptly.

Since this plan would necessitate ardent interest and repetitive demands by the dentists throughout the Nation, and since the legal mechanism to put it into operation would take considerable time, it is obvious that it would be most helpful to those who are now in their thirties, forties, and fifties. It is not likely to help those who are now 65. This is a worthwhile project for the younger men and, in my opinion, can best be accomplished by establishing Study Clubs for more concentrative study on Retirement Planning, with the idea of making occupational therapy the main objective.

As for those who are now 65 or older, it is suggested that they seek employment (in those states where they are retired and have no license to practice) as dental assistants, laboratory technicians and consultants, where their services can be utilized on a part-time basis.

There is too much smugness, indifference, and apathy as to the welfare of the retired dentist. We could very well follow the example of the medical, legal, and teaching professions, which have already made some provision for helping their retired members.

This form of reciprocity is different from the general form of reciprocity which has been under discussion for many years, in that it is not competitive, but advantageous to the employer as well as to the employee.

5203 West 25th Street Cicero 50, Illinois

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AN EXPLORATION INTO DENTAL JOURNALISM

One of the state dental association journals describes Oral Hygiene in these words: "Oral Hygiene is a commercially owned and distributed monthly publication claiming over 95,000 circulation distributed at no cost to dental practitioners." The facts are correct, but the frame of reference should be clarified.

Every dental publication is commercial because money is involved in the costs of production and distribution. This commercial description of buying and selling goods and services applies to a dental society journal as well as to the independents such as ORAL HYGIENE. Every publication must buy paper, pay printers and engravers, meet payrolls, and cover mailing costs.

Every dental journal sells advertising at a hoped-for profit. It is virtually impossible to publish a magazine or newspaper without profit from advertising. There are, of course, some dental publications that are largely subsidized from membership dues and one that enjoys a grant from the Federal government.

The 95,000 circulation of Oral Hygiene is not a claim; it is a fact. This circulation is audited and certified. The figure is not a fantasy created from thin air or by a fertile imagination.

The fact that ORAL HYGIENE is distributed to readers without subsidy from dental society dues or paid voluntary subscription annoys the critics of independent dental journalism. The complainants are usually associated with a dental society publication that is subsidized from membership dues, no voluntary action being required by "subscribers" who receive the journal. The intended readers receive the journal as a part of the price of membership. There is certainly nothing wrong or unethical in this arrangement. Neither is there anything unethical in receiving ORAL HYGIENE under a qualified circulation.

Dentists should be alarmed if any publication is dominated by advertisers, and the editorial content slanted to please advertisers. This is

¹Editorial, The Reciprocity Pitch Again, J. of the S.Cal. SDA 29:181 (June) 1961.

unethical, vicious, and poor journalism. An advertiser, under our system of free enterprise, has a right to spend as much money as he can afford to extoll the merits of his product. He also has the right to spend the money where it will do him the most good. He has no right to expect editorial support for his product; that is not part of any legitimate advertising contract. (In 30 years of dental editing we have had no more than a half-dozen requests from advertisers for editorial puffing. These requests were denied.) The Gross National Product and the prosperity of our Nation would suffer disaster if the producers of goods and services were not permitted to offer their products in the open market. This does not mean that an advertiser should be allowed to misrepresent his product in any way.

The critics of dental journalism have a responsibility to study the editorial content of every dental journal to determine if there are signs of an unwholesome alliance between the advertising content and the editorial activities of a publication. Puffing a product; advertising space that is bought as a favor to somebody or under duress; appeals to "Patronize our Advertisers"; an undue editorial emphasis on one product to the exclusion of competitive products; an unusual amount of advertising for a product appearing in the same issue of a journal in which the product receives favorable editorial mention—these are some of the signs of a misalliance between the advertising and editorial depart-

ments of a publication.

The critics of dental journalism should be vigilant and should be encouraged to examine every dental publication, whether published under dental society auspices or as an independent enterprise. These complete examinations to uncover possible unethical relationships, should be made continuously, and the facts published after scrutiny by legal experts. Unfounded allegations should not be made against any publication (dental society or independent) because of the possibility of being in violation of the Federal antitrust laws.

Ednary Ayan

Ask Oral Hygiene



Please send all correspondence for this department to: The Editor, Ask Oral Hygiene, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Opalescent Dentine

Q.—I have recently observed quite a few patients with enamel deficiencies. I have two girls in the same family, ages 10 and 12, who have lost the enamel. We attribute it to elevated temperatures experienced at an early age due to measles.

I particularly need to know what procedures are recommended and at what age to proceed in order to prevent the eventual loss of the teeth and placement of full dentures. -

J.F.M., New York

A .- It is not uncommon to obtain a history of hereditary opalescent dentine in five or more generations. It occurs in both sexes, but Burket finds that it predominates in the female. The dental changes affect both the root and the coronal portion of the permanent dentition with a disproportion in size of the crown and root. Sometimes complete calcification of the pulp chamber and canal is found at 15 years of age.

When these teeth erupt, they present a slight bluish color, which changes gradually to a purplish opalescent or amber color, from which the name of this type of hypoplasia is derived. The structure

of the enamel is normal, but it is devoid of pigmentation and it has a peculiar refraction phenomenon. The color changes are more marked in the anterior teeth. Teeth with hereditary opalescent dentine are softer than normal and

may fracture easily.

In general, there is a low caries susceptibility, although large masses of the crown may be fractured or missing. It is common to find several abscessed teeth present among these patients, although their crowns are not extensively involved with dental caries. There is marked enamel and dentine loss through abrasion. Full dentures are usually necessary before age 20, unless jacket crowns are placed before the teeth become too seriously damaged.

For patients with opalescent dentine, I would suggest the following steps:

1. Help the patient to develop a strict regimen of oral hygiene.

2. Check patient frequently to restore cavities when they are

(Continued on page 62)



HYGIENIC LAMINATED BITE WAFERS

Hygienic Bite Wafers have a unique construcion—a sheet of aluminum foil between two layers of specially formulated wax which will resist distortion at mouth temperature. The foil prevents the teeth from cutting through the wax. For exacting occlusal bites, correction of acclusion on the articulator and registra-tion of tooth positions in Orthodontia.



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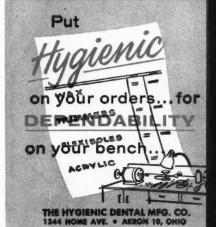
Made of the finest domestic and imported waxes obtainable, each compounded for a specific purpose:

- Extra Tough Pink Base Plate Wax-the perfect all-season wax
- New Plastic Wax Sticks—readily formed without heat for post-damming and peripheral lining of trays
- Yellow Bite Wax—in sheets or cakes
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HYGON® For Individualized Trays and **Stabilized Base Plates**

An entirely new formulation with unique properties developed especially for individualized trays and stabilized base plates. Handles like putty without elasticity or tendency to spring away from margins during adaption. Offered in clean white, pink and blue squeeze-bottle packaged.





HYGIENIC FLEXIBOLES® The Self-Cleaning Plaster Bowls

What a mess! But not for long when it's a Hygienic Flexibole! Just flex and wipe clean with a damp cloth-plaster, stone, investments and alginates will not stick to its surface. No tedious scraping is necessary. This is inherent in the material itself, not just a surface glaze, so that the self-cleaning property is retained even after prolonged abrasive action. Available in 5 sizes up to a Jumbo 6" bowl.



PROFESSIONAL BUDGET PLAN
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Take precaution to prevent development of any habitual or excessive grinding.

Strategic placement of crowns when necessary.

Sterilizing Cotton Fabric

Q.—Will average or normal dry cleaning procedures completely sterilize cotton fabric material?—K.L.R., Kansas,

A.-In my opinion, cotton fabric subjected to the dry cleaning process would not be disinfected. Naphtha, one of the most commonly used dry cleaning agents, is an inflammable, volatile oily liquid produced by the fractional distillation of petroleum. I am told that in the dry cleaning process, cotton fabrics are usually immersed in naphtha for approximately 20 minutes. Since no heat is involved and naphtha does not qualify as a disinfectant, it would seem that such a procedure would have no disinfecting ability.

The use of heat is the most reliable means for disinfection. It is the only means that gives complete assurance if correctly employed. Moist heat in the form of saturated steam under pressure is the most effective of the practical methods of destroying microorganisms. The autoclave is standard equipment for sterilization in hospitals and should be in dental offices. Cotton, gauze, sponges, towels, rubber gloves, and paper points as well as instruments and glassware are readily sterilized in the autoclave.

Leukoplakia

Q.-I have a patient, a man of 45, (Continued on page 66)

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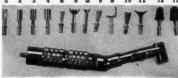
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with leukoplakia. What is the latest theory as to etiology and what is the accepted treatment? He has had this condition more than six months but it is somewhat better now. He has had no local treatment but has taken vitamin B compound. The patient is a heavy smoker.-L.D.R., Čalifornia.

A.-In the case of your 45-yearold patient, I would suggest a biopsy of the crusty portion of the lesion. The classification of this type of lesion is still a much debated question among surgeons and pathologists. Some maintain that it should be termed leukoplakia only when the lesion shows signs of invasiveness of the epithelium into the underlying mesenchyme with a definite break through the basement membrane. In this case it is considered cancerous or precancerous. If the lesion is exfoliative and not precancerous, it is considered to be a form of hyperkeratosis, most likely due to an irritant. In the latter case, excessive surgical stripping is not indicated.

If a biopsy of the lesion shows invasiveness, then surgery, or radiation therapy is indicated. Another suggested treatment would be to remove all the irritants, such as spices, smoking, and liquor, and place the patient on massive doses of vitamin A. A recent survey by Zigarelli of Columbia University has demonstrated this treatment to be quite effective.

Gagging Reflex

Q.-A man, age, 45, came to my office wearing a full upper and a partial (free end saddle) lower denture. He reported that he could not wear the upper denture for any length of time due to gagging, which was most

(Continued on page 68)

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References: 1. Hoffman, Heiner: Oral Surg. 11:216, Feb., 1958. 2. Zintel, H. A.: Surg. Clin. North America 36:257, April, 1956. 3. Medrek, T. F., and Litsky, W.: Surg. Gynec. & Obst. (Internat. Abstr. Surg.) 104:209, March, 1957. 4. Shay, D. E.: Oral Surg. 4:355, March, 1951.

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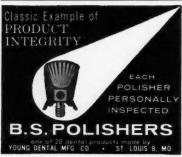
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predominant about 5 minutes after eating, taking a drink of water, or smoking a cigarette.

He complains of an excess of saliva which I told him would be overcome with continuous wearing of the dentures. He said using Benzodent® on the postdam helped to relieve the gagging somewhat. I shortened and thinned the posterior border as much as was practical. There was no noticeable change. I would appreciate any help or suggestions you can give on this case.—K.R.C., Pennsylvania.

A.—From your letter, I am assuming that you did not construct the full upper denture and lower partial for this man.

It would seem to me that this patient is antagonistic to prosthetic appliances and perhaps was not properly prepared for their acceptance. It is necessary to impress upon him the fact that you will need his complete cooperation in order to obtain any success.

If these dentures follow the principles of good mechanical construction, and if you have made the necessary adjustments, then the patient must be made to realize the necessity for keeping the dentures in his mouth at all times in order to become adjusted to them. Naturally, the gagging reflex will become heightened after the act of eating, drinking, or smoking. However, with persistence, time will prove to be your and your patient's best ally.

You can initiate the use of a tranquilizer to reduce the anxiety and tension of the patient. I would recommend two tablets of meprobamate, 400 mg, daily (morning and evening). As a rule, medication can be discontinued in ten days to two weeks.



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PRACTICE DENTISTRY THE WAY YOU LIKE

(Continued from page 37)

Take Your Choice

Dentistry may be practiced in a number of ways. The point with which I would leave you is: while you have a choice you should make the correct choice, one which will net you the most happiness and income for the time expended. The practitioners mentioned here are not the only ones using these methods; there are others who are as successful.

The most successful men I know (both from a professional and financial point of view) work the least number of hours, see the fewest people in a day, make a greater number of people happy with genuinely productive service, make the most money (which is second-

ary to the professional achievements) and take the best vacations. In other words, they accomplish most because of the way they practice.

A word of caution: not all dentists can practice this high level production. One has to have executive ability, good health, tremendous drive, and a quality of personality which is difficult to define.

If you have these qualities and are not using them, you are a possible candidate for my suggestions. If you have these qualities and are using them, then you are doing all right and do not have to be told about the others' methods.

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Is gentle, flexible, and highly adjustable. Fits any mouth situation.







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ANSWERS TO QUIZ 206

(See page 45 for questions)

- True. (Collins, L. H. and Crane, M. P.: Internal Medicine in Dental Medicine, ed 5, Philadelphia, Lea & Febiger, 1960, page 251)
- (a). (Kilpatrick, H. C. and Snedaker, R. F.: High Speed and Ultra Speed in Pedodontics, Dental Digest 66:357 August 1960)
- Yes. (Sweet, A. P. S.: Radiodontic Pitfalls, Dental Radiography and Photography 33: 27, 1960, No. 2)
- 4. (a). (Rohrs, L. C.: Intestinal Polyposis and Pigmented Spots of the Lips, JAMA 165: 208 September 2 1957)
- 5. (a), (b). (Cowger, G. T.:

- Retention, Resistance and Esthetics of the Anterior Three-Quarter Crown, JADA **62**: 167 February 1961)
- Yes. (Applegate, L. C.: The Rationale of Partial Denture Choice, J. Pros. Dent. 10:894 September-October 1960)
- (a). (Burket, Lester: Oral Medicine, Philadelphia, J. B. Lippincott Co., 1946, page 599)
- Sixth year 20 deciduous teeth and 28 growing follicles. (Waugh, L. M.: A Panel on the Treatment of the Deciduous and Mixed Dentitions, Amer. Jour. of Orthodontics 41:248 April 1955)
- True. (Miglanim, D. C.: Squamous Cell Carcinoma Arising in Mucosa Overlying Torus Palatinus, Oral Surg., Oral Med. and Oral Path. 12:889 March 1959)
- No less. (Borden, J. V.: Progress Report, J Can. DA 25:146 March 1959)

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DENTISTS



in the News

Thanks To The US

A \$5000 check was presented to the Federal government under provisions of the will of a St. Louis dentist who died in 1950. The gift was provided in the will of Doctor Samuel D. Balauri, "in appreciation for permitting me to come and make my home in the United States of America."

Doctor Balauri came to this country from his native Albania at the age of 17. He graduated from St. Louis University School of Dentistry and practiced in this city for 16 years before ill health forced his retirement.

Before he died, Doctor Balauri wrote in his will that \$5000 from his estate was to be given to the United States Treasury after the death of his wife, Mrs. Anna M. Balauri. She died in December 1959.—St. Louis (Missouri) Globe-Democrat.

Invent New Type of Hearing Aid

Doctor Joseph L. Lawrence and a physician, Doctor Henry K. Puharich, both of New York, have jointly invented a hearing aid that gives sound a new route to the brain—through the teeth and facial nerves. They believe it can be used to restore the hearing of persons who otherwise would remain totally deaf.

The system employs a miniature microphone and transmitter to be installed in a hollow artificial tooth. Through contact with the nerve ends in a live tooth next to it, electrical signals are transmitted via the dental and facial nerves to the brain.

With financial backers, the inventors have formed Intelectron Corporation to develop the device, which

(Continued on page 76)



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1. "Cuts" Mucus Film. A rinse with full-strength Lavoris before an impression helps clear away mucus, prevents air bubbles. Many dentists now use Lavoris this way routinely.

2. Keeps Operative Area Cleaner. Lavoris' unique cleansing action effectively and thoroughly cleans away mucus, food particles and impurities. Use Lavoris Spray 1/2 strength or stronger. (Wouldn't you rather work in a Lavoris-clean mouth?)

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will not be offered to the public until approval has been received from Federal agencies and professional societies.—New York Times.

Honored By Fraternity

The Psi Lambda chapter of Alpha Phi Alpha fraternity has presented a plaque to Doctor W. B. Davis, Sr, of Chattanooga, Tennessee, thereby honoring him for 50 years of service to the Chattanooga community.

In addition to his professional services to the community, Doctor Davis has rendered service to many organizations, including the Boy Scouts, the YMCA, and the Howard High School's athletic program. — Chattanooga (Tennessee) Times.

Helps Save Wreck Victim

Doctor J. F. Howell of Amarillo, Texas, Captain Robert L. Robertson, an Air Force dentist, and an unidentified nurse are credited with saving the life of James T. Hill, Jr, a junior high school coach at Vega, after his car overturned four times on US 66 Bypass. Captain Robertson quickly administered mouth-to-mouth resuscitation to the critically injured Hill while the nurse began massaging his heart, which had apparently stopped beating. Hill was partly conscious when an ambulance arrived to take him to Northwest Texas Hospital.—Amarillo (Texas) News-Globe.

World Travel Book Published

TOUCHING HORIZONS: IN AFRICA, INDIA, AND THE FAR EAST, by Doctor Harry G. W. Voss, was recently published by Carlton Press. The 362-page book presents in semi-diary form an account of a round-the-world tour Doctor Voss undertook with his wife, Mildred, and 12-year-old son, Harry Jr.

Doctor Voss takes his reader through Africa, India, Nepal, Tibet, and other Far East points, then winds up in Hawaii and Panama. He describes national customs, religions,

(Continued on page 78)

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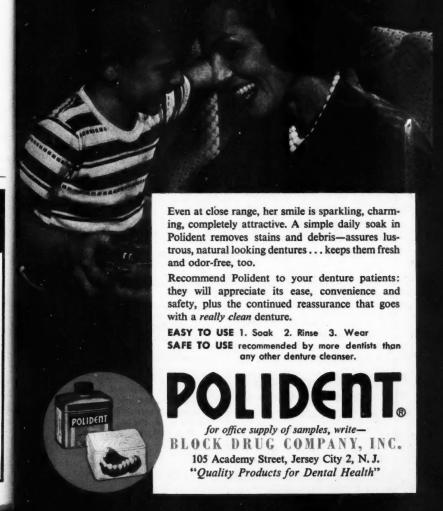
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and native dances; and gives tips on bartering, eating places, currency exchange and how to stage a successful Sukiyaki party.-Racine (Wisconsin) Bulletin.

Former Patrolman Now Dentist

After serving as a patrolman for eight years with the Rochester police department's compaint bureau, while attending college, Doctor Joseph Ferlicca has turned in his badge and is practicing dentistry. - Des Moines (Iowa) Register.

Restore Old Cars

For the last seven years, Doctors Quentin and Winfield Krafka, brothers, of Milwaukee, Wisconsin, have been restoring antique automobiles as a hobby. So far they have restored a 1948 Lincoln Continental, which they since sold; and their gleaming 1940 Lincoln Zephyr convertible recently took second prize in an antique car show in Lake Forest, Illinois.

Winfield said restoring old cars is something like detective work. "It's a challenge to find the right part. We use all authentic parts on our cars. If the part isn't available, we duplicate it," he said.

Since 1954, the brothers estimate they have spent some \$5000 restoring old cars. "Not all of that is out of our own pockets. A good deal of the money has come from the profit we make selling old car parts," Quentin explained.

The Krafka brothers now have their sights on an old Duesenberg. After that they would like to get a Pierce Arrow or maybe a Locomobile. -Milwaukee (Wisconsin) Journal.

Dentist-Senator

Senator Albert R. Pechan, a Ford City, Pennsylvania, dentist, has asked the State Senate to end "joyriding by reliefers." He recently introduced legislation which would prohibit the Department of Public Welfare from sending relief checks out of state. The Pechan bill would permit relief checks to be mailed out of the state only for compelling reasons. Senator



for the uncomfortable patient



for the distraught patient



for the overtired patient

relaxing, restful sleep

without barbiturates, bromides or narcotics



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For a complimentary supply. please address your request to: Dept. SG, J. B. Williams Co., Inc., 711 Fifth Avenue, New York, N. Y.

Pechan also called on the Senate to approve legislation prohibiting relief payments to unwed mothers after their second child. — *Philadelphia* (*Pennsylvania*) *Bulletin*.

Plans to Beautify Sand Dune

Dewey Hill is a sparsely-covered sand dune which rises rather startlingly to a visitor looking north down the main street of Grand Haven, on Lake Michigan. There have been various attempts to beautify Dewey Hill, but all have failed. Doctor William Creason, city councilman and former mayor, has initiated a project for beautifying Dewey Hill which has gained wide civic support.

Doctor Creason wants to build the "Dewey Hill musical fountain, 200 feet long with 20 unique fountain heads capable of shooting water 60 feet into the air." The fountain, which would cost \$17,000 has been unanimously endorsed by civic organizations, and there have been pledges of labor and materials for the concrete

water reservoir and pipelines. The first cash contribution was received from some out-of-town friends.—Kalamazoo (Michigan) Gazette.

New Office Building Has Unusual Design

A new office building that incorporates many unusual features is owned by Doctor Kermit Y. Maxwell of Chattanooga, Tennessee. The building is set back to provide off-street parking on a paved lot, and a masonry wall and grass area separate the parking lot from the building. There is a covered entrance walk landscaped on either side, and three walled gardens visible through large plateglass areas. The arrangement of a flagstone path and stone bench in a formal Japanese garden, walled and screen roofed, gives an illusion that the garden is more spacious than it really is.

Doctor Maxwell's suite has a large reception room with an aquarium (Continued on page 82)



The TOPPICE VALET

The S-6

Replace crowded "hat trees" with efficient S-6 Office Valets (have room for guests too). Each Valet provides 6 spaced coat hangers, 6 ventilated hat spaces, umbrella stand and overshoe platforms in 30"x16" floor space. Keep wraps aired, dry and "in press." Lifetime welded steel construction - never loosens, wobbles or tips over. Choice of modern baked finishes. Sold by leading office furniture dealers everywhere.



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Nonfat milk solids are combined with a medium-fat Dutch process cocoa, stabilizer, lecithin, salt, artificial flavoring, calcium cyclamate (Sucaryl-Abbott*) – 0.65%, and calcium saccharin – 0.12%. The last two ingredients are non-nutritive artificial sweeteners used in small amounts and provide no calories. Important Note: No refined sugar (sucrose) is used.

Beverage Analysis	Per Quart Reconstituted Drinks*
Protein	27 gm.
Carbohydrate	
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Phosphorus	
Thiamine (B ₁)	0.23 mg.
Riboflavin (B2)	
Calories	

^{*}Reconstituted: 11/2 cups Instant Mix (90.5 gm.) added to 33/4 cups water-makes 1 quart.

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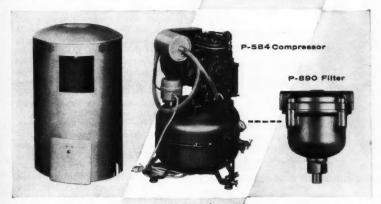
CARNATION COMPANY

2390 West Pico Los Angeles 6, California





A completely Quiet and Dependable DENTAL AIR SUPPLY



McKESSON COMPRESSORS AND AIR FILTERS

The result of years of engineering research, the McKesson P-584 compressor represents the ultimate in dependable dental air supply equipment. Capacity: The twin cylinder unit has a 4 cfm capacity and excells all others in recovery time. It may be set to cycle as high as 70 to 90 lbs.

Engineered throughout for elimination of noise and vibration. Lubrication is automatic. Compact size permits concealed location. Price . . . \$367.00. A smaller unit, with 2.8 cfm is priced at \$289.00.

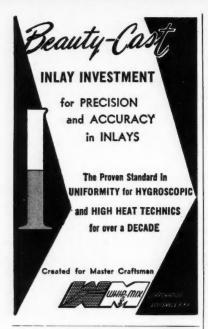
Also available from McKesson is a completely new, automatic, remarkably efficient P-890 air filter for use with compressors. It is priced at \$12.00, complete with all necessary accessories. Ask your McKesson dealer for a demonstration, or write to us for detailed literature.

MCKESSON APPLIANCE CO.



2228 Ashland Ave., Toledo 10, Ohio







built in a wall section, three operatories, recovery room, women's and men's lounges, laboratory, kitchenette, and other facilities. His private office has a glass wall giving a view of a rock garden. There also is another rock garden outside the reception room. — Chattanooga (Tennessee) Times.

Saves Workman's Life

Quick action by Doctor Jack Vaughn of Anniston, Alabama, saved the life of a workman who suffered electric shock while repairing a well pump at Doctor Vaughn's home. A short circuit is believed to have caused the accident. Doctor Vaughn shut the power switch and applied both mouth-to-mouth and conventional artificial respiration. The physician attending the workman at the hospital said Doctor Vaughn's quick thinking and knowing what to do saved the repairman's life.—Birmingham (Alabama) News.

Awards for items submitted to this month's Dentists In The News have

been given to:

Mrs. Henry Jones, Elvins, Missouri B. H. Waldman, DDS, 104 Elliot Place, Bronx 53, New York

Mrs. Mary K. Myers, 4009 Wallace Lane, Nashville 12, Tennessee

Jimmy Horner, 2200 Hickory, Amarillo, Texas

Marian Foote, 3503 Victory Avenue, Racine, Wisconsin

Rolland B. Moore, DDS, Allerton,

Herbert W. Kuhm, DDS, 4729 W. North Avenue, Milwaukee 8, Wisconsin

Charles P. Fitz-Patrick, 3841 Aspen Street, Philadelphia, Pennsylvania

Hope E. Willis, 543 Fenimore, Kalamazoo, Michigan

Vincent J. Reisch, Box 69, London, Ohio





A valuable treatment for two major problems confronting dentists

mucoplex[®]

After five years of intensive research in collaboration with a nationally known clinic, The Stuart Company has developed MUCOPLEX, a new product for the dental profession designed to treat:

- · Low tolerance to dentures due to sore gingivae.
- Abnormalities of the oral mucosa such as rawness, soreness, burning and dryness.

Extensive clinical trials have shown MUCOPLEX to be remarkably consistent in clearing up a high percentage of sore mouth conditions (where non-specific nutritional products have failed). Maximum benefit can be expected in 4 to 6 weeks.

MUCOPLEX can be used alone, or as an adjunct to local treatment.

Each MUCOPLEX tablet contains:

HEPROFAX®* 750 mg.

VITAMIN B₁₂ 5 mcg.

VITAMIN B₂ 1.5 mg.

Dosage: 1 or 2 tablets 3 times daily (6 tablets daily for therapeutic effect).

Available: Bottles of 100 and 500 tablets at all pharmacies.

13238/4103 The Stuart Company Pasadena, California

Please send me professional literature and samples of MUCOPLEX.

D.D.S.

*Stuart's brand of Liver Fraction A (a liver protein fraction) and Liver Fraction 2.



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The young lady eyed her escort with disapproval. "That's the fourth time you've gone back for more punch, Albert," she said coldly. Doesn't it embarrass you at all?"

"Why should it?" the young man shrugged. "I keep telling them I'm getting it for you.

Psychiatrist: "Would you mind repeating what you just said?"

New Patient: "I said, for some reason nobody seems to like me. Why don't you pay attention, you fat-

head?"

Someone has observed that it takes a student twenty minutes longer to say what he thinks than to tell what he knows.

The boss was going through the shipping room when he noticed a boy sitting idly on a box whistling.

Boss: "What's your salary, Boy?" Boy: "Twelve dollars a week."

Boss: "Well, here's a week's pay. Now get out; you're fired."

When he saw the foreman a little later, he asked.

Boss: "How long have we had that boy?"

Foreman: "Why, he doesn't work here, he just delivered a package."

His health wasn't any too good, so the Eastern city-dweller was looking for a place to live in the Southwest. In one small town in Arizona he approached an old timer sitting on the steps of the general store. "Say," he asked, "what's the death rate around here?"

"Same as it is back East, bub," answered the old fellow, "one to a person."

Young husband: "When I got home last night my wife greeted me with a big kiss. She had a fine dinner ready and afterward wouldn't let me help her with the dishes but made me sit in the easy chair and read the paper."

Old husband: "And how did you

like her new hat?"

Fanatic-One who is highly enthusiastic about something in which you are not interested.

Heard in the office building elevator: "The only time I believe in reincarnation is at five o'clock in the afternoon when all the dead people come to life.

Kiss-Contraction of the mouth due to an enlargement of the heart.

Animal Doctor: "What's the trou-

Kangaroo: "I don't know. It's just that I don't feel jumpy lately."

84 ORAL HYGIENE . NOVEMBER 1961

The 'handiest' item in the dental office— New LACLEDE® Antiseptic Professional

MEDICATED LOTION

This original multiple-action skin lotion has been shown in extensive testing to be a uniquely effective broadspectrum aid to solving many of the skin care problems that dentists encounter in their daily practice.

Long-lastingly soothes the skin and keeps it smooth

Restores natural skin oils overcomes peeling, chapping, wrinkling

Relieves chafing and irritation from frequent handwashings

Maintains normal acid mantle, with pH of 5.5 to counteract soap alkalinity—is non-allergenic

Economical since only a few drops are needed, Laclede lotion comes in a convenient 8-ounce squeeze dispenser at \$1.50. Unlike limited action skin lotions, it is a scientifically formulated blend of ingredients including allantoin, silicone, hexachlorophene, and merthiolate. Order Laclede lotion from your dealer today.



Helps prevent infection from contact with oral bacteria

Speeds healing of minor cuts and nicks from instruments

Keeps the hands odor-free without sweet masking scent

Vanishes quickly, leaving no sticky residue or deposits on skin—is non-staining

> Appreciated and used by dental assistants as well as dentists



Peter, Strong "plus value" products for happier patients and a healthier practice comprise a line including BENZODENT to aid denture adjustment...PROFIE BRAND materials for modern prophylaxis . . . TOPI-FLUOR CREAM for topical sodium fluoride caries control...LACLEDE DEODORANTS for dental odor-control therapy.



WHAT'S NEW

IN PRODUCT DESIGN— FUNCTION—ASSORTMENT



The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

instrument — Amalgam Picker-Upper; a double-ended plastic instrument with blades of a newly-discovered silver alloy to which large or small amounts of mixed alloy adhere for carrying to even the most difficult surfaces. No mechanism or parts to require replacement. Chas. W. Rode Associates, 3343 North Eastern Ave., Los Angeles 32, Calif.

Bite Stone — Surgident Functional; a fast setting, very hard, extremely low expansion stone for crown and bridge work. Indicated for use in the mouth for obtaining functional bite blocks due to its rapid set (2½ to 3 minutes). Surgident, Ltd., 3871 Grand View Ave., Los Angeles 66, Calif.

Stone — Indic-Die; a very hard, extremely low expansion stone for dental dies. Mixes easily with water in approximately 1 minute. Sets initially in 5 to 8 minutes and finally in 8 to 15 minutes. Surgident, Ltd., 3871 Grand View Ave., Los Angeles 66, Calif.

Variable Speed Foot Control—for Starflite Air Turbine. Offers variable speed through foot control. Incorporates the Starflite "Concentrix" handpiece. Star Dental Mfg. Co., Philadelphia 39, Pa.

Photocopier—Photorapid ElectraMatic; extra-wide throat easily accommodates 14-column accounting pages and other large-size originals. Makes bright, sharp, black and white copies from any color in ordinary room light. Fluid is sealed in a disposable plastic cartridge that can be replaced as fast as changing the belt on a dictating machine. Photorapid Corp., El Segundo, Calif.

View Box—Rinn; features a complete redesign with significant improvements resulting in greater compactness, lighter weight, greater stability, and aesthetic attractiveness. Rinn Corp., 2929 N. Crawford Ave., Chicago 41, Ill.

Bookkeeping Machine — National Class 60; easy to operate as an adding machine. Itemized statements explain each charge, are machine-printed, accurate, neat, and easy to read. Mental figuring and hard-to-read handwriting eliminated. National Cash Register Co., Dayton 9. Ohio.

Gypsum — Glastone; water-mix, sets hard in 30 minutes. Attains equally great surface hardness when poured against any elastic impression material. Also recommended for low setting expansion. Mixes to a creamy consistency, flows readily, stacks well. Available in orange color or white. The Ransom & Randolph Co., Toledo, Ohio.

Plating Solution—Silver Bright; not a salt solution, instead a concentrate of pure silver which will plate rubber base and silicone impressions in 2 to 5 hours effectively with a bright silver finish to die, and no burning or brittle effect to margins. Trio-Dent, Inc., P.O. Box 82, Union, N.J.

Bonus Packages — Permlastic; 6 packages regular Permlastic and free indoor-outdoor thermometer; also 4 heavy-bodied Permlastic and 2 light-bodied Permlastic with free indooroutdoor thermometer. Kerr Mfg. Co., Detroit 8, Mich.

Facings — Trupontic Posterior; now available in plastic, in 18 posterior molds. Interchangeability assured. Features new buccal carvings and an increase of stock at the gingival end to facilitate ridge adaptation. The Columbus Dental Mfg. Co., Columbus 6, Ohio.

(Continued on page 88)



With your order for 72 ASH Tungsten Carbide Burs

This handsome receiver with heavy duty built-in speaker is small enough to fit into shirt pocket or purse, weighs only 8 ounces, yet pulls in metropolitan stations loud and clear. Comes complete with 9-volt battery and handy accessories including detachable antenna for extended range; detachable earphone for private listening and smart carrying case, all in an attractive gift box. Definitely not a toy—this is a real transistor radio which can give you years of listening pleasure.

FREE WHEN YOU ORDER THIS SET OF 72 ASH BURS:

1 each of: 57D, 58D, 57L, 58L, 171L, 958	6
2 each of: ½, 1, 3, 4, 6, 34, 36, 56, 57, 330, 331L	22
3 each of: 170, 171	6
4 each of: 2, 37, 556, 558, 701	20
6 each of: 35, 557, 700	18
You pay only the regular price for these	72 burs
Substitutions will be made if requested	

HURRY! THIS OFFER EXPIRES NOV. 30, 1961

See your regular dealer right away, or order direct from us, giving us your dealer's name and address.

Claudius & Do, Sons & Co., U.S.A., Inc.

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PROOF OF APPROVAL

This year used by more than 15,000 dentists!



PRE-IMPRESSION RINSE

Completely removes all mucus and ropy saliva from the mouth. Assures accurate impressions. Keeps operative area cleaner. Patient simply rinses mouth with this pleasant tasting, non-analgesic liquid. Also ideal for use before oral prophylaxis or X-ray exposure.



Compact Evacuator—Cort Junior Evacuator; same motor as in other Cort models without variable control. Compact size 9" x 9" x 19". Acrylic plastic water separator and container are removed for easy cleaning. Cabinet is finished in solid plastic; resists heat, stains, and abrasion. Complete with hose, universal hose holder, three Cort flared mouthpieces. Cort Industries, 5337 N. Lydell Ave., Milwaukee 17, Wis.

Teeth — Myerson; new cosmetic shade added to Characterized Teeth. Known as shade "I" and available in both AEsthetic Characterized porcelain teeth and Dura-Blend Characterized resin teeth. Is both cosmetic and natural. Myerson Tooth Corp., Cambridge, Mass.

Disposable Needles — Novol; fits any type syringe. Specially threaded chuck insures perfect fit; needle shafts can't slip off. Sterility is always certain; needles are sharp and perfect. Available in 25 and 27 gauge, short and long size, packaged in boxes of 100. Novocol Chemical Mfg. Co., Inc., 2921 Atlantic Ave., Brooklyn 7, N.Y.

Tooth Shades—Bioblend; 3 new shades give most complete verified range of natural tooth colors in 12 correlated polychromatic blends. Offer wide choice in selection for every age and complexion requirement. The Dentists' Supply Co., York, Pa.

Tooth Paste—Thermodent; has bright, new taste and a white color. Still contains same ingredients as before. Effective in hypersensitivity. Available in 2-oz. tubes. Thos. Leeming & Co., Inc., 155 East 44th St., New York 17, N.Y.

Tooth Assortment — Selector Pak; a plastic tooth assortment containing 96 plastic anterior teeth in popular shades and molds. Mounted on strips for easy selection, matching, and filing. Easily ground for varying shapes and sizes. Will not craze. Columbia Tooth Co., 833 Leader Bldg., Cleveland, Ohio.

Partials...Valplast 110; a super-polyamide with improved physical properties, including greater density. Partials can be made thinner, yet with excellent elastic retention. Have higher im-

(Continued on page 90)

AY-PEES B

AMERICA'S Freferred
PROFESSIONAL TOWELS



THE SORG PAPER COMPANY
Middletown, Ohio

DISTRIBUTED BY
DENTAL DEALERS EVERYWHERE

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pact resistance, even less moisture absorption and greatly increased mouth comfort. Valplast Corp., 110 West 42nd St., New York 36, N.Y.

Co-Polymers - Mastron and Dentron; two new co-polymers, including a new injection casting machine for Dentron. Require no monomer, easy to cast, and are easy to repair or reline. Valplast Corp., 110 West 42nd St., New York 36, N.Y.

Cavity Liner-Hydroxyline; in an easily applied form, with special feature that it adheres firmly to area to be protected. Sets hard in seconds, leaving a clearly visible film of material, and can be used under any filling material, including acrylics. Guards teeth against thermal shock. George Taub, Inc., 2824 Hudson Blvd., Jersey City 6, N.Y.

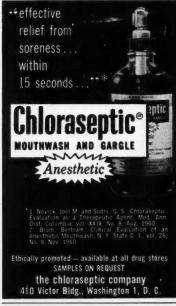
Cervical Tray Unit-Chayes; once set, permits raising or lowering patient without regard for readjusting light, tray, or handpiece because they all move with chair. Sitting or standing, everything is at fingertips, within operating field of vision. Chayes Dental Instrument Corp., Miry Brook Rd., Danbury, Conn.

Cleanser - Master Kleener; a quickaction cleaner that will keep sterilizer or autoclave in efficient condition. Non-toxic, safe, easy to use. Removes alkaline scales, crust and rust. Added daily or whenever water is added. Master Specialty Products Mfg. Co., 165 Nye Ave., Newark 12, N.J.

Portfolio Assortments-S. S. White; No. 1 contains filling materials, cements and FG carbide burs, plus a handsome top grain leather portfolio, 11" x 16". No. 2 contains same material but with RA carbide burs. The S. S. White Dental Mfg. Co., Philadelphia 5, Pa.

Toothbrush - General Electric Automatic; designed to provide thoroughly safe cleaning action. Special construction features such as absence of an electric cord make it absolutely safe from standpoint of shock. Consists of 3 basic elements: power handle, 4 brush inserts, and recharging battery. Inserting brush automatically snaps catch into the driving head. Slight pressure on catch allows removal of brush. General Electric Co., Ashland. Mass.

(Continued on page 94)



ACRYLIC J

Practically Eliminate Breakage Even Under Heaviest Stress



CENTRALS - LATERALS - CUSPIDS in standard U. S. Shades, 62, 65, 66, 67, 69, in 22 moulds.

PRICES: 95c each, \$8.50 per dez. \$30.95 for 50 100 assorted in beautiful leatherette case \$56.95

Perfect restoration with less than 30 minutes chair time. Prepare stump, select proper size and shade of S-D Crown, mix self curing acrylic, fill up crown and press over stump for a few minutes. (We recommend our 6 shades, 1 liquid, self curing acrylic kit \$10, com-plete.) Remove crown, let harden outside completely, then cement restoration.

Write for Information-Mould Guide Complete Catalog and FREE SAMPLE

NEW ADDRESS 1216 ARCH ST., PHILADELPHIA 7, PA.

A NEW, REVOLUTIONARY WAY OF MIXING

SILICATE CEMENTS

with the

Crescent WIG-L-BUG

Plan to See a Demonstration at Your Very First Opportunity



Now, the Wig-I-bug is more valuable to you than ever before... because it can be used to mix silicate cements and other materials as perfectly as it has always mixed amalgam alloy. This dependable aid to better dentistry mixes efficiently, uniformly, quickly and without waste. If you do not have a Wig-I-bug in your office, delay no longer. Available in Black, White and a choice of Colors at your dealer's.

Mixes in 10 to 20 seconds.

✓ Uniform consistency.

✓ No waste of powder.

✓ Disposable capsule avoids cleaning slab and spatula.



Crescent Silicate Cement is supplied in capsules ready for instant mixing. 24 pre-measured capsules to box. Details on request.

CRESCENT DENTAL MFG. CO., 1839 So. Pulaski Road, Chicago 23, III.

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just 4 drops (concentrated)

add your own water (economical) for one-fourth glass of mouth wash





refreshing flavor—deodorizing—cleansing—mildly astringent

Astring-O-Sol® Mouth Wash

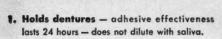
American Ferment Division, Breon Laboratories Inc., N. Y. 18, N. Y.



New ECONOMY PACKAGE

24 TUBES \$900 SAVES YOU \$ 3.00

Only Gum-Aid
Denture Cream
offers all five...



- Reduces pain analgesic action soothes fissue soreness, with new or old dentures.
- Aids healing relieves post extraction pain; helps prevent infection.
- Purifies breath chlorophyll and peppermint ingredients check denture breath.
- Hastens adjustment assists in rapid denture mastery, thus conserving chair time.

Gum-Aid prevents return visit "grief"

Using Gum-Aid, your patients quickly forget they're wearing dentures. The ¼ oz. tube is convenient, economical, sanitary; it may be used at the chair and then given to your patient to assure his continued comfort and confidence. He'll be pleased also with the flavor, tissue-pink color, and ease of use.



Order from your Dealer 24-TUBE ECONOMY PACKAGE, \$9.00 6-TUBE STANDARD PACKAGE, \$3.00

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10316 SOUTH THROOP STREET, CHICAGO 43, ILLINOIS

Serving the Dental Profession Since 1894

Manufacturers of Dura Base

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*Only soft pure gum rubber tip comes in

contact with tissue.

*Perforations do not clog, and are correctly spaced to eliminate sucking up, or "biting,"

*SOF-TI Ejector is light, yet sturdy, and is angled to rest in the mouth with maximum comfort. SOF-TI Saliva Ejector and Tip are sterilized as one piece.

SIZES FOR BOTH ADULTS AND CHILDREN

Both sizes, and tips for each, are available at leading dental supply houses.

Condensing Amalgam—Amalpack, contra angle with 13 points for condensing and mechanical filling of cavity with amalgam. Assures good fillings. Medidenta, 1420 Sixth Ave., New York 19, N.Y.

Dietary Adjunct—Setra-V, a therapeutic nutritional with capillary protective factors. Formulated especially for use as a dietary adjunct in periodontal conditions and management of capillary integrity of the gingiva. Tablets are green-coated, button-shaped. Warren Pharmacal Corp., 10907 Manchester Rd., St. Louis 22, Mo.

New Literature: "Important Information on Frego Strengtheners"—six-page folder describing in detail the technique for use of this product in any type of denture. P. T. Schweyer, Dental Specialties, 952 North Ave. 66, Los Angeles 42, Calif.

"Versatility Plus for Modern Vacuum Mixing and Investing"—twelve-page folder, in two colors, describing the different units and components of the Vac-U-Vestor, Vac-U-Spat, and Power-Mixer. The Whip-Mix Corp., 411 West Avery Ave., Louisville 8, Ky.



HE UNITED WAY



Reflecting "a definite preference" for the sedative-enhanced analgesia of

PHENAP analgesic antipyretic

WITH CODEINE ¼ gr., ½ gr., 1 gr.

A study involving 300 cases of tooth extractions showed that Phenaphen was superior to a standard APC formulation in analgesic effectiveness, and that the patients voiced "a definite preference" for PHENAPHEN. In another study measuring perception of dental pain, PHENAPHEN proved to be a more effective analgesic than aspirin alone, and PHENAPHEN WITH CODEINE was more effective than codeine alone.2

DOSAGE: 1 or 2 capsules as required.

SUPPLY: Bottles of 100 and 500 capsules.

1. Albertson, G. L.: J. Calif. State Dent. Assn. and Nevada State Dent. Soc. 33:373, 1957. 2. Strand, H. A., et al.: J. Amer. Dent. Assn. 56:491, 1958.

A. H. ROBINS CO., INC., Richmond 20, Virginia

Four convenient potencies:

PHENAPHEN (basic Phenaphen formula) containing in each capsule: Phenacetin (3 gr.) 194.0 mg. Acetylsalicylic acid

(2½ gr.) 162.0 mg. Phenobarbital (4 gr.) 16.2 mg. Hyoscyamine sulfate 0.031 mg.

PHENAPHEN No. 2: Phenaphen with codeine phosphate 1/4 gr. (16.2 mg.)

PHENAPHEN No. 3: Phenaphen with codeine phosphate ½ gr. (32.4 mg.)

PHENAPHEN No. 4: Phenaphen with codeine phosphate 1 gr. (64.8 mg.)

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...in porcelain and plastic

You will admire and approve—your patients will appreciate the unique subtle treatment of the alive markings characteristic of vital anteriors—beautifully reproduced within the teeth as enamel fractures, fillings, decalcifications, food and tobacco stains, etc. Not only do the characterizations appear with incredible fidelity, but also with such delicacy that nature's normal imperfections are made to contribute to esthetic effect.

Because of our advanced method for compounding and blending Polychrome Colors and the placement of the markings deep with the tooth structure, you can grind Polychrome Anteriors with absolute assurance that original living color and markings are retained.





Polychrome THE ANTERIOR TEETH WITH THE NEW COLOR DIMENSION

UNIVERSAL DENTAL COMPANY . 48th at Brown Street . Philadelphia 39, Pa.

Extended freedom from pain after dental procedures

Excellent control of postsurgical pain was achieved in 90 per cent of 107 patients undergoing a variety of dental procedures by the administration of Percodan¹—a highly effective and well tolerated oral analgesic widely used in medical practice.

SURGICAL PROCEDURES	No. of patients
Multiple Extraction of teeth, with alveolectomy	44
Surgical removal, both mandibular partially impacted third molars	7
Root resection	10
Cystectomy, right mandibular	1
Surgical reduction, both maxillary	
tuberosities, and reduction of both	
mandibular retromolar pads Surgical removal mandibular impacted	3
third molar	28
Surgical removal, lingual tori, right	
and left mandible	2
Removal of hyperplastic tissue in muco-	
buccal fold mandibular	1
Surgical removal, maxillary impacted	
third molar	2
Dry socket following surgical extraction mandibular bicuspid	9
Surgical removal, hypertrophic tissue,	
maxillary muco-buccal fold	1
Surgical removal, maxillary first molar	5 2
Pericoronitis, mandibular third molar	1 2

A single PERCODAN Tablet provided relief within 15 to 25 minutes, lasting 4 to 6 hours. "The majority of our patients experienced no residual pain or discomfort, and they felt less tense and more relaxed than prior to the operation."

Each scored, yellow Percodan* Tablet contains: 4.50 mg. dihydrohydroxycodeinone HCl, 0.38 mg. dihydrohydroxycodeinone terephthalate (warning: may be habit-forming), 0.38 mg. homatropine terephthalate, 224 mg. acetylsalicylic acid, 160 mg. acetophenetidin, and 32 mg. caffeine.

AVERAGE ADULT Dose: 1 tablet every 6 hours. May be habit-forming. Federal law permits oral prescription.

Note: A reproduction of the engraving, suitable for framing, is available on your request.

Chasko, W. J.: J. District of Columbia Dent. Soc. 31:3,
 No. 5, 1956.
 U.S. Pats. 2,628,185 and 2,907,768.

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HI-SPEED AMALGAMATOR

Check These Features!

- All metal construction for years of trouble free service
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- Electric timer with split second accuracy
- Capsule holder and timer located in front for ease of manipulation
 Modern styling to enhance any
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Model 7-H

High speed trituration of either pellets, regular cut or fine cut alloy. Produces a smooth velvety mix in just a few seconds, resulting in consistently perfect amalgam restorations every time.

Price only \$44.95, complete in any color.

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Racine, Wis.

"THE ANSWER I'VE BEEN WAITING FOR."

Dr. J. P. Caceci, New York, N.Y. says about



THIN AND FEATHERWEIGHT
THEY HOLD DENTURES TIGHT
ALL DAY LONG • PREVENT
SORE GUMS • SWEETEN BREATH

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A MAJOR BREAKTHROUGH IN FLUORIDE APPLICATION



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REDUCING HYPERSENSITIVITY

IONIZATION A major breakthrough in fluoride application is achieved by the Ion Toothbrush, providing an effective new home treatment for hypersensitivity.

Effectiveness of office treatment with 331/3% Sodium Fluoride pastes or electrical desensitization devices can now be achieved and maintained in the patient's daily home care by using a standard fluoride dentifrice and the Ion Toothbrush.

A small 11/2-volt battery in the handle of the Ion Toothbrush charges the tooth enamel with a positive electrical potential, thereby increasing the adherence of the extremely negative fluoride ions to the teeth. The process is as simple as electroplating and the amount of electrical flow is below human perception.

Electrodeposition of fluoride with the Ion Toothbrush alleviated 98% and completely relieved 70% of hypersensitive teeth among patients tested in a recent double blind controlled clinical study. 1 Patients brushed for three minutes twice each day, using a standard fluoride dentifrice. The subjects reported a feeling of unusual mouth cleanliness and a marked improvement in gingival tone was noted by the

Electrodeposition of fluoride unfolds exciting possibilities in dental care. A 35% average increase in resistance to acid dissolution of dental enamel was observed when teeth in vitro were positively charged during application of fluoride solution, as compared to an identical fluoride application without electric current, 2

In vivo studies 3 on rats using the Ion Toothbrush and a dentifrice which contained stannous fluoride showed a 23% increase of enamel resistance to acid dissolution after only 24 applications of 1 minute

acch, as compared to normal brushing with the same dentifrice.

The ability of electrical current to increase the penetration of negative ions into tooth enamel is confirmed by another in vitro study using radioactive iodide, an ion closely related to fluoride.

The Ion Toothbrush is now being recommended with outstanding results by many dentists to their patients.

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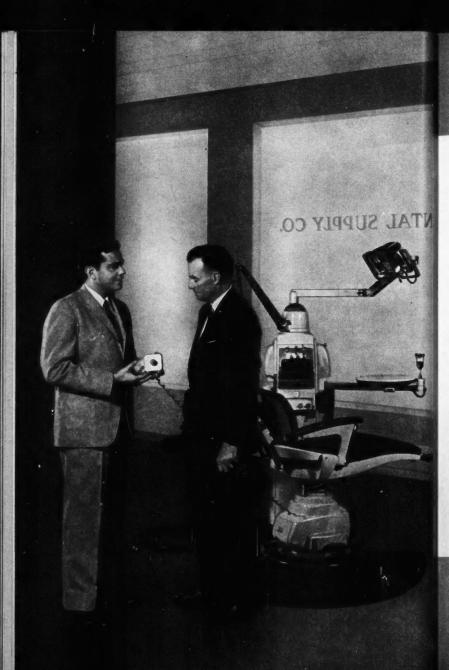
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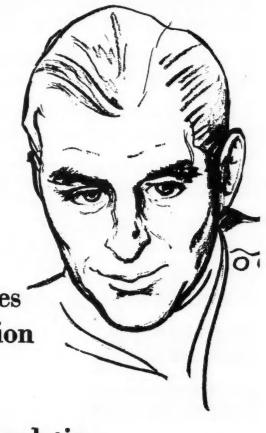
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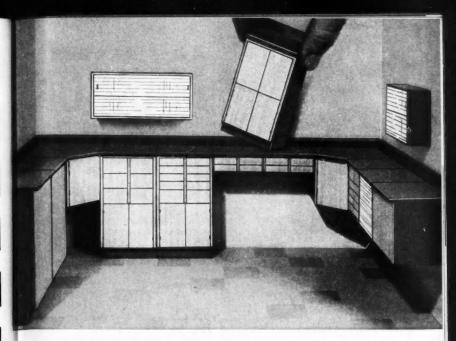
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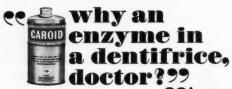
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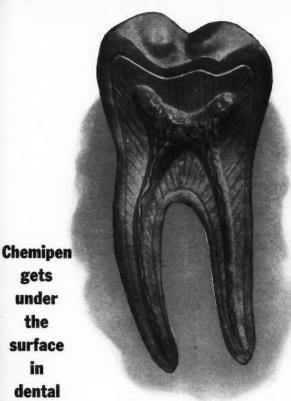
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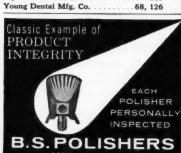
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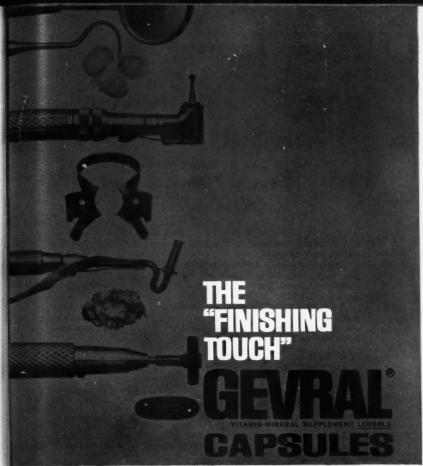
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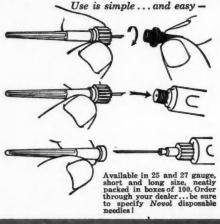
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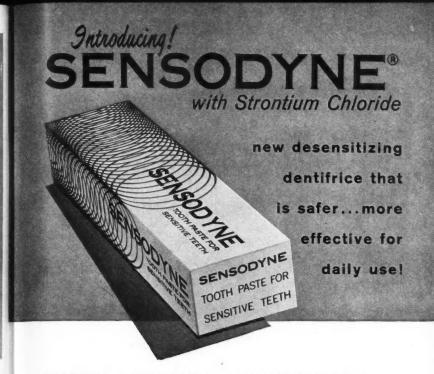
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